

# **Richland County, Montana**

## **Community Health Services Development Community Health Assessment Report**

Survey conducted by  
Sidney Health Center  
Sidney, Montana

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

May 2013



Office of Rural Health  
Area Health  
Education Center



NATIONAL  
RURAL HEALTH  
RESOURCE CENTER

**Sidney Health Center**  
**Community Needs Assessment and Focus Groups**  
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# **Sidney Health Center Community Survey Summary Report May 2013**

## **I. Introduction**

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### **Determination of Community**

Sidney Health Center provides a complete range of health care services to the residents of Richland County and the surrounding area (Appendix I). The campus features a clinic, hospital, cancer care center, sleep center, retail pharmacy with durable medical equipment and extended care facility offering services from birth to end-of-life. Sidney Health Center also oversees The Lodge, an assisted living facility. Outreach services include the MonDak Family Clinic and the Richland County Ambulance Service in Sidney, Fairview, Savage and Lambert. Fourteen local physicians and specialists partner with Sidney Health Center to offer family medicine, internal medicine, pediatric care, radiation oncology, pathology, and surgical services including general, orthopedic, podiatric, obstetrics/gynecology, and ear/nose/throat. In addition, three family nurse practitioners, one physician assistant, an audiologist and two certified registered nurse anesthetists help round out the team. Sidney Health Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health (MORH) and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. A part of this project is community engagement, which includes a health care service survey and focus groups.

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

## **II. Health Assessment Process**

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

### **Determining Health Priorities**

The needs and opportunities were identified through the CHSD process utilizing a survey, focus groups, secondary data, demographics, and input from public and "special populations" representatives. "Need" was identified as the top three issues or opportunities related by respondents

for each question on the survey or in the focus group with a list of available community and facility resources (Appendix J) to address those needs.

Through CHSD, the facility conducted a random sample community health survey and a series of focus groups. CHSD also utilized secondary data from the Montana Department of Health and Human Services and MORH. Sidney Health Center and MORH staff determined the community served through a market share analysis (see Appendix I) that highlighted the zip codes from which a majority of community members came to receive care from the facility, as well as internal discussions to determine specific populations which needed to be included in focus groups (i.e. low-income, minority, etc.). MORH staff also provided an intensive review of secondary health data from the Montana Department of Health and Human Services and other reported health data sets. Due to the large geographic size and low population density, obtaining reliable and localized health status indicators for rural communities continues to be a challenge in Montana. As a result, many standard health indices (i.e. chronic disease burden and behavioral health indices) require regional reporting, which may not necessarily reflect the most accurate data for Richland County.

### **III. Survey Methodology**

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#### **Survey Instrument**

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

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

#### **Sampling**

Sidney Health Center 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).

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

## **Information Gaps**

### **Data**

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

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

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

### **Limitations in Survey Methodology**

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

### **Survey Implementation**

In March, the community health services survey, a cover letter from the National Rural Health Resource Center with Sidney Health Center's Chief Executive Officer's signature on Sidney Health Center's letterhead, and a postage paid reply envelope were mailed to 800 randomly selected residents in the hospital's targeted region. A news release was sent to local newspapers prior to the survey distribution announcing that Sidney Health Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

As shown in the table below, 170 surveys were returned out of 800. Of that 800, 76 surveys were returned undeliverable for a 24% response rate. From this point on, the total number of surveys will be out of 724. 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 5.6%.

#### IV. Survey Respondent Demographics

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A total of 724 surveys were distributed amongst Sidney Health Center's service area. One hundred seventy were completed for a 24% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is also included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

##### Place of Residence (Question 32)

N= 170

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

Location	Zip Code	Count	Percent
Sidney	59270	131	77.1%
Fairview	59221	22	12.9%
Savage	59262	8	4.7%
Lambert	59243	3	1.7%
Cartwright, ND	58838	1	0.6%
Other		1	0.6%
No answer		4	2.4%
<b>TOTAL</b>		<b>170</b>	<b>100%</b>

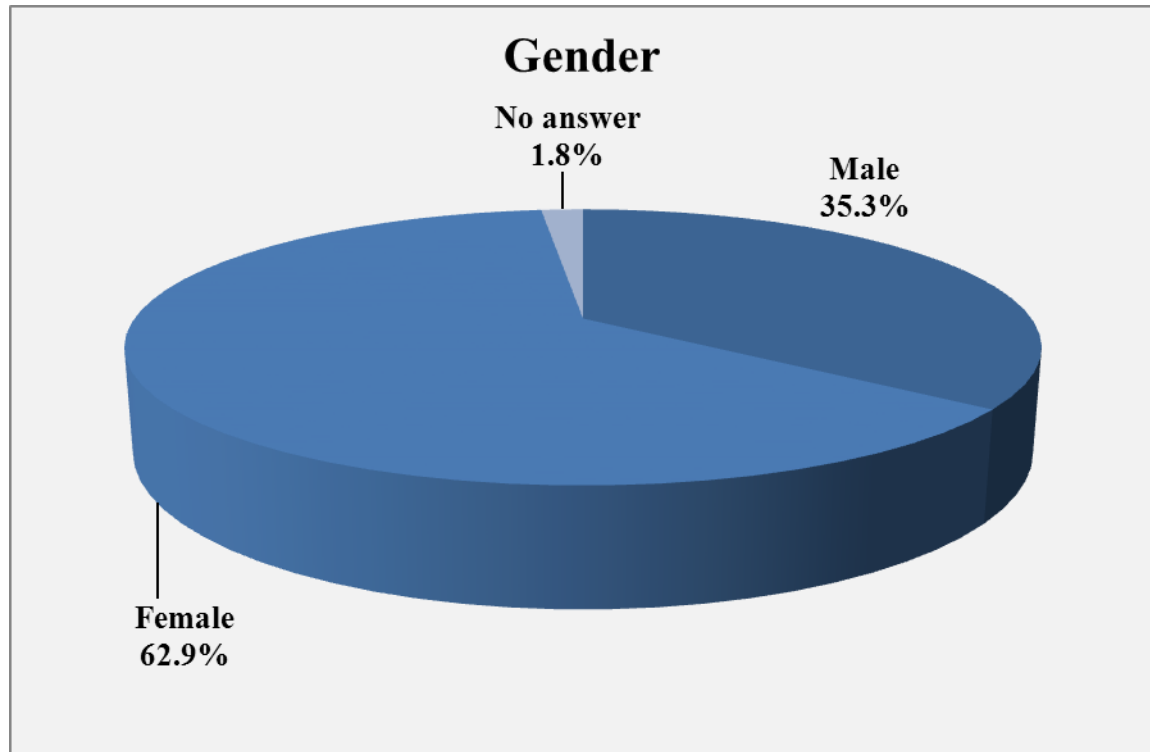
“Other” comments:

- Circle (59215)
- Billings (59102)
- Tioga, ND (58852)

### Gender (Question 33)

N= 170

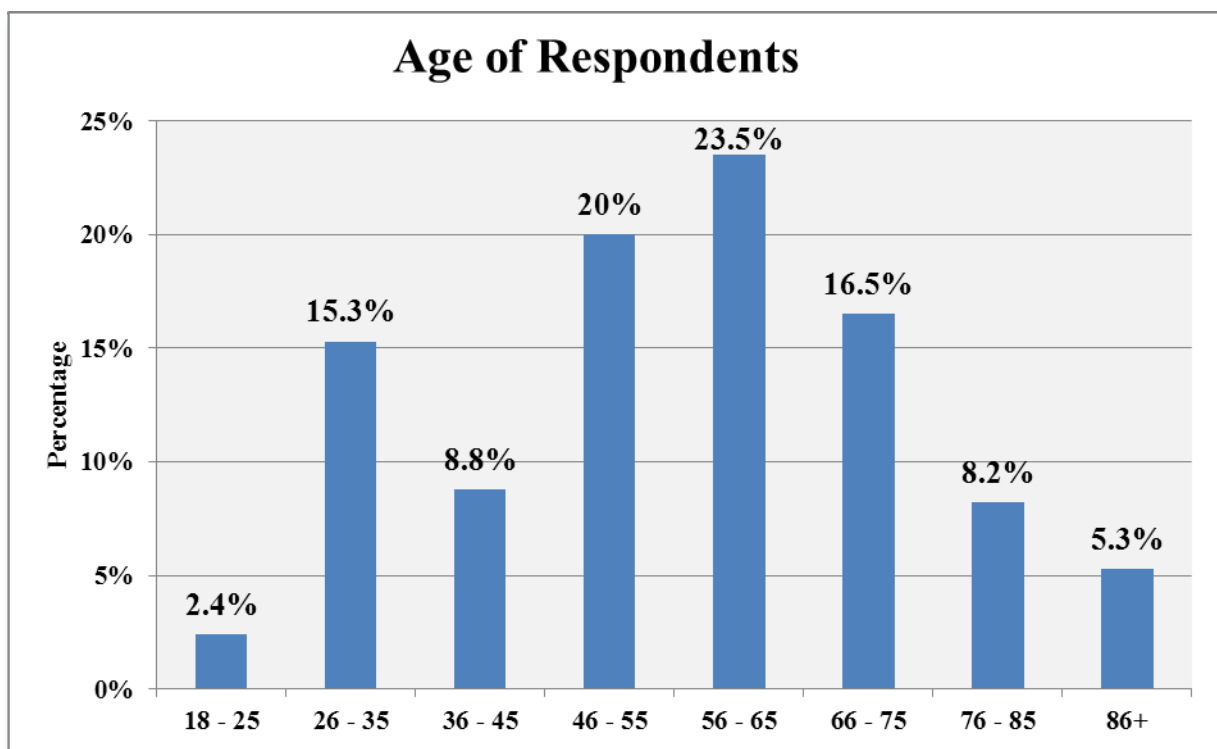
Of the 170 surveys returned, 62.9% (n=107) of survey respondents were female; 35.3% (n=60) were male, and 1.8% (n=3) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families.



### Age of Respondents (Question 34)

N= 170

Twenty-four percent of respondents (n=40) were between the ages of 56-65. Twenty percent of respondents (n=34) were between the ages of 46-55 and 16.5% of respondents (n=28) were between the ages of 66-75. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for health care services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore no respondents are under age 18. Older residents are also more invested in health care decision making, and therefore are more likely to respond to health care surveys, as reflected by this graph.

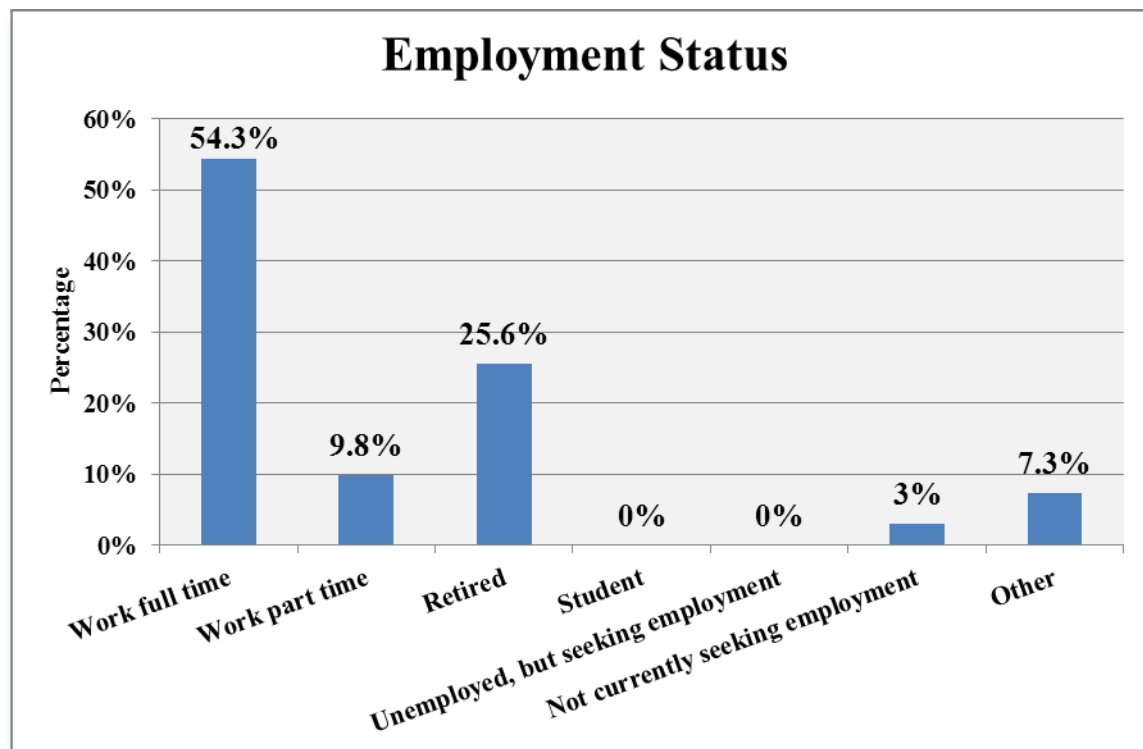




### Employment Status (Question 35)

N= 164

Fifty-four percent (n=89) of respondents reported working full time while 25.6% (n=42) are retired. Ten percent of respondents (n=16) indicated they work part time. Respondents could check all that apply so the percentages do not equal 100%.



“Other” comments:

- Social Security Death Index (SSDI) (2)
- Volunteer
- Worker’s comp
- Ranch/Housekeep “Domestic Goddess!”
- Stay-at-home-mom
- Disabled
- Homemaker (2)
- I am a stay-at-home-mom; my husband works full time
- I have a part-time second job too on top of a full-time job

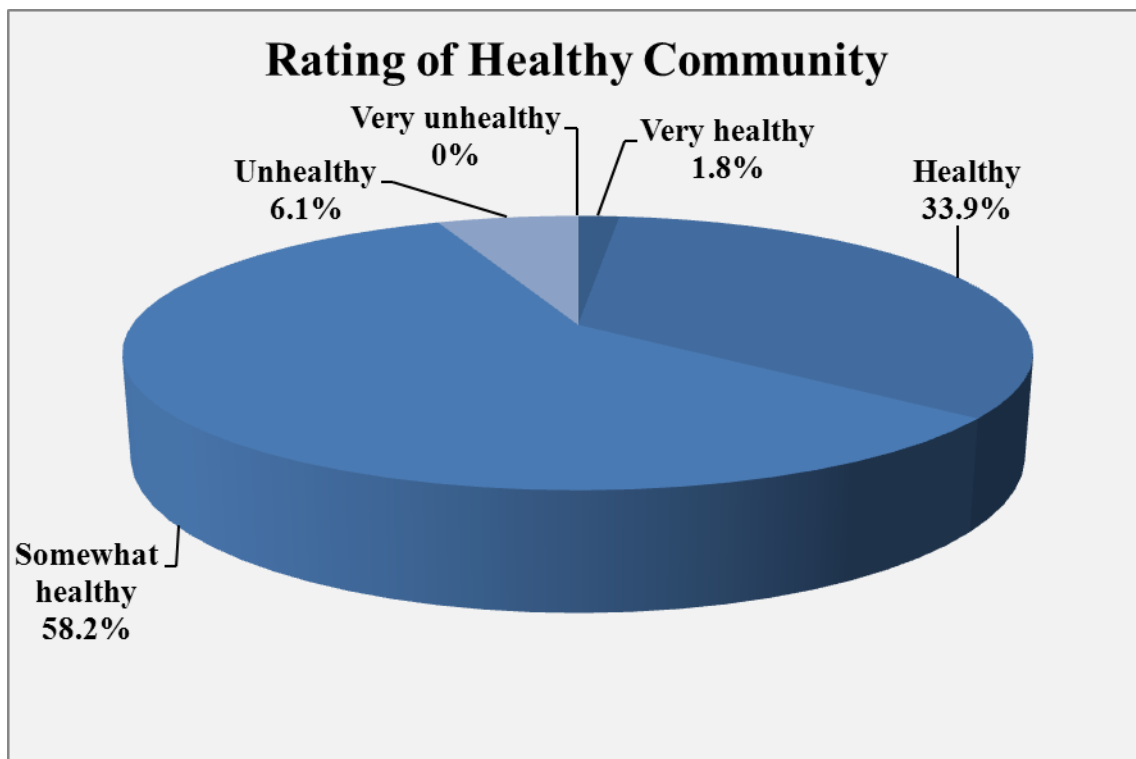
## V. Survey Findings

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### Impression of Community (Question 1)

N= 165

Respondents were asked to indicate how they would rate the general health of their community. Fifty-eight percent of respondents (n=96) rated their community as “Somewhat healthy.” Thirty-four percent of respondents (n=56) felt their community was “Healthy” and 6.1% (n=10) felt their community was “Unhealthy.” Five respondents chose not to respond to this question.



## Health Concerns for Community (Question 2)

N= 170

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” at 57.1% (n=97). “Cancer” was also a high priority at 51.8% (n=88) and “Overweight/obesity” at 35.3% (n=60). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	Count	Percent
Alcohol abuse	97	57.1%
Cancer	88	51.8%
Overweight/obesity	60	35.3%
Drug abuse	56	32.9%
Motor Vehicle Accidents	36	21.2%
Tobacco use	30	17.6%
Diabetes	24	14.1%
Lack of exercise	21	12.4%
Work-related accidents/injuries	21	12.4%
Heart disease	19	11.2%
Lack of mental health professionals	16	9.4%
Lack of access to health care	15	8.8%
Mental health issues	14	8.2%
Depression/anxiety	10	5.9%
Poor air/water quality	8	4.7%
Child abuse/neglect	4	2.4%
Domestic violence	4	2.4%
Recreation-related accidents/injuries	4	2.4%
Lack of dental care	3	1.8%
Stroke	3	1.8%
Other	1	0.6%

“Other” comments:

- Poverty
- Too many choices here

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

N= 170

Respondents were asked to identify the three most important things for a healthy community. Fifty-eight percent of respondents (n=98) indicated that “Access to health care and other services” is important for a healthy community. “Affordable housing” was the second most highly indicated component at 36.5% (n=62) and third highest was “Healthy behaviors and lifestyles” at 31.8% (n=54). Respondents were asked to identify their top three choices, thus the percentages will not add up to 100%.

Important Component	Count	Percent
Access to health care and other services	98	57.6%
Affordable housing	62	36.5%
Healthy behaviors and lifestyles	54	31.8%
Good jobs and a healthy economy	51	30.0%
Strong family life	50	29.4%
Low crime/safe neighborhoods	44	25.9%
Religious or spiritual values	40	23.5%
Good schools	31	18.2%
Clean air/water	29	17.1%
Healthy food choices	20	11.8%
Community involvement	11	6.5%
Tolerance for diversity	8	4.7%
Low levels of domestic violence	5	2.9%
Parks and recreation	5	2.9%
Arts and cultural events	2	1.2%
Public transportation	2	1.2%
Low death and disease rates	1	0.6%
Other	3	1.8%

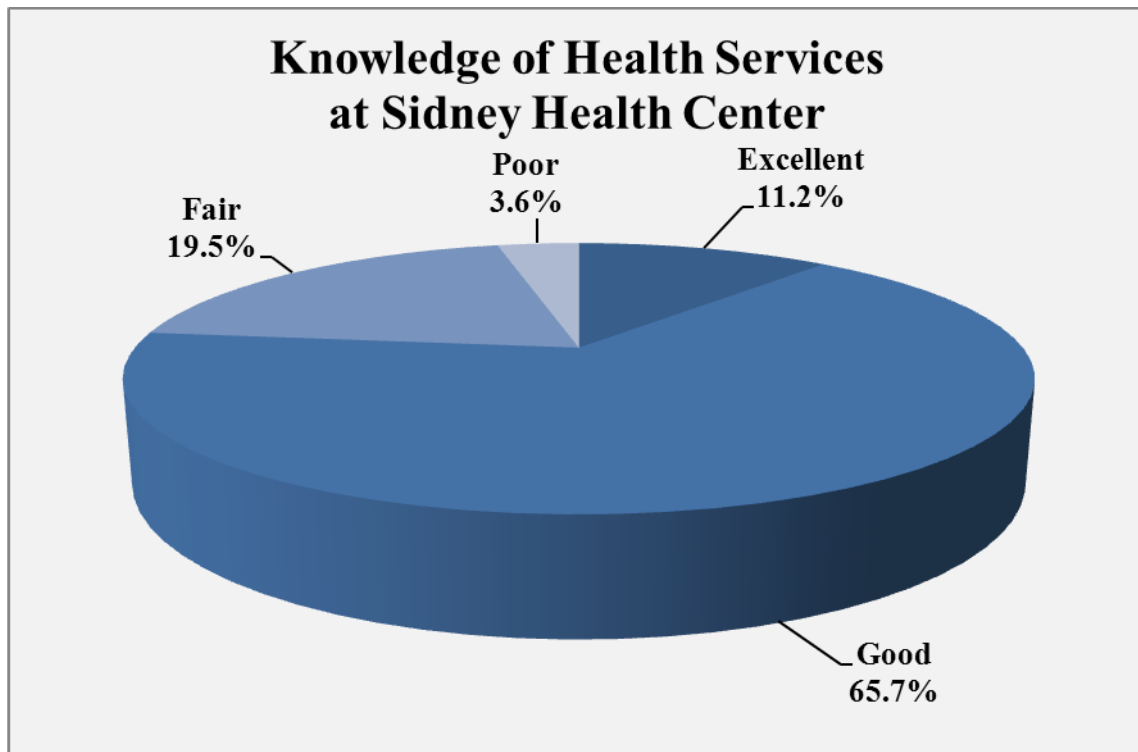
“Other” comments:

- Offer teenagers a place to go
- Affordable health care
- Affordable groceries
- Too many choices here
- [Poor air/water quality] Fairview

#### Overall Awareness of Sidney Health Center's Services (Question 4)

N= 169

Respondents were asked to rate their knowledge of the health care services available at Sidney Health Center. Sixty-six percent (n=111) of respondents rated their knowledge of services as "Good." Twenty percent (n=33) rated their knowledge as "Fair" and 11.2% of respondents (n=19) rated their knowledge as "Excellent." One respondent chose not to answer this question.



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

N= 170

The most frequent method of learning about available services was “Friends/family” at 66.5% (n=113). “Word of mouth/reputation” was the second most frequently cited response at 54.7% (n=93) and “Newspaper” was reported at 46.5% (n=79). Respondents could select more than one method so percentages do not equal 100%.

Method	Count	Percent
Friends/family	113	66.5%
Word of mouth/reputation	93	54.7%
Newspaper	79	46.5%
Health care provider	74	43.5%
Mailings/newsletters	23	13.5%
TV	22	12.9%
Website/internet	20	11.8%
Radio	19	11.2%
Public health	18	10.6%
Presentations	8	4.7%
Social media platforms (i.e. Facebook)	5	2.9%
Other	8	4.7%

“Other” comments:

- Health fair
- Employee of the hospital (5)
- Work at Sidney Health Center (2)
- Grew up here
- Member of the crisis team

## Cross Tabulation of Service Knowledge and Learning about Services

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

### KNOWLEDGE RATING OF SIDNEY HEALTH CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTH CARE SERVICES

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Health care provider</b>	9 (12.2%)	56 (75.7%)	8 (10.8%)	1 (1.4%)	<b>74</b>
<b>Radio</b>	1 (5.3%)	13 (68.4%)	4 (21.1%)	1 (5.3%)	<b>19</b>
<b>Word of mouth/reputation</b>	9 (9.8%)	59 (64.1%)	22 (23.9%)	2 (2.2%)	<b>92</b>
<b>TV</b>	5 (22.7%)	12 (54.5%)	4 (18.2%)	1 (4.5%)	<b>22</b>
<b>Newspaper</b>	12 (15.4%)	44 (56.4%)	18 (23.1%)	4 (5.1%)	<b>78</b>
<b>Presentations</b>	2 (25%)	4 (50%)	2 (25%)		<b>8</b>
<b>Mailings/newsletters</b>	5 (21.7%)	12 (52.2%)	5 (21.7%)	1 (4.3%)	<b>23</b>
<b>Website/internet</b>	2 (10%)	16 (80%)	1 (5%)	1 (5%)	<b>20</b>
<b>Public Health</b>	4 (22.2%)	13 (72.2%)	1 (5.6%)		<b>18</b>
<b>Friends/family</b>	14 (12.5%)	71 (63.4%)	23 (20.5%)	4 (3.6%)	<b>112</b>
<b>Social media platforms (i.e. Facebook)</b>		4 (80%)	1 (20%)		<b>5</b>
<b>Other</b>	3 (37.5%)	5 (62.5%)			<b>8</b>

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

N= 170

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently used community health resource cited by respondents at 75.3% (n=128). “Dentist” and “Eye doctor” were each highly utilized at 68.2% (n=116) and 63.5% (n=108), respectively. Respondents could select more than one method so percentages do not equal 100%.

Resource	Count	Percent
Pharmacy	128	75.3%
Dentist	116	68.2%
Eye doctor	108	63.5%
Chiropractor	59	34.7%
Fitness center	40	23.5%
Public health	37	21.8%
Mental health	7	4.1%
Other	7	4.1%

“Other” comments:

- Health fair
- Only have lived here a year
- Reflexologist
- None (4)
- Saturday clinic
- Massage therapist (2)



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

N= 170

Respondents were asked to indicate what they felt would improve their community's access to health care. Sixty-five percent of respondents (n=110) reported that "More primary care providers" would make the greatest improvement. Fifty-eight percent of respondents (n=99) indicated they would like "Availability of visiting specialists" and 54.7% (n=93) indicated that "Availability of walk-in clinic" would improve access to health care. Respondents could select more than one method so percentages do not equal 100%.

Service	Count	Percent
More primary care providers	110	64.7%
Availability of visiting specialists	99	58.2%
Availability of walk-in clinic	93	54.7%
Improved quality of care	48	28.2%
Health education resources	19	11.2%
Telemedicine	12	7.1%
Transportation assistance	9	5.3%
Interpreter services	3	1.8%
Cultural sensitivity	2	1.2%
Other	8	4.7%

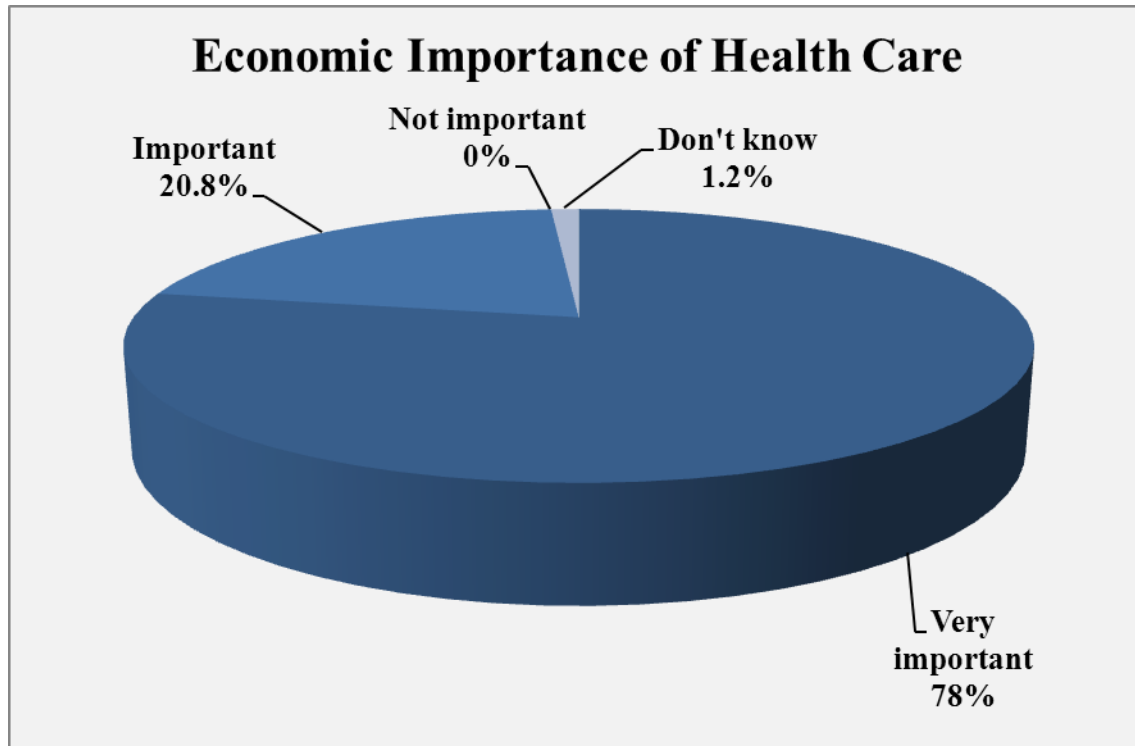
"Other" comments:

- Lower rates/prices (2)
- Cost containment
- More reasonable medical fees & billing/pay options
- More help and options for the uninsured
- Financial assistance
- Better organization in the billing office. I was turned in to a collection agency before ever receiving a bill or before insurance had paid/denied
- Availability of dialysis
- Better fitness center, longer hours, same outdoor facilities
- [Interpreter service] Current oil boom

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

N= 168

The majority of respondents, 78% (n=131) indicated that local health care providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty-one percent of respondents (n=35) indicated they are “Important,” two respondents (1.2%) indicated that they “Don’t know” and no respondents (0%) indicated that they are “Not important.” Two respondents did not answer this question.



### Interest in Educational Classes/Programs (Question 9)

N= 170

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Fitness” with 36.5% of respondents (n=62). “Weight loss” was selected by 32.9% (n=56) of respondents and “Health & wellness” by 30.6% (n=52). Respondents could select more than one method so percentages do not equal 100%.

Topic	Count	Percent
Fitness	62	36.5%
Weight loss	56	32.9%
Health & wellness	52	30.6%
First aid/CPR	47	27.6%
Nutrition	47	27.6%
Women’s health	39	22.9%
Health insurance/Affordable Care Act	38	22.4%
Diabetes	33	19.4%
Cancer	29	17.1%
Alzheimer’s	28	16.5%
Men’s health	28	16.5%
Heart disease	24	14.1%
Grief counseling	19	11.2%
Alcohol/substance abuse	17	10.0%
Pulmonary health	17	10.0%
Smoking cessation	17	10.0%
Mental health	15	8.8%
Support groups	14	8.2%
Parenting	13	7.6%
Prenatal	8	4.7%
Other	3	1.8%

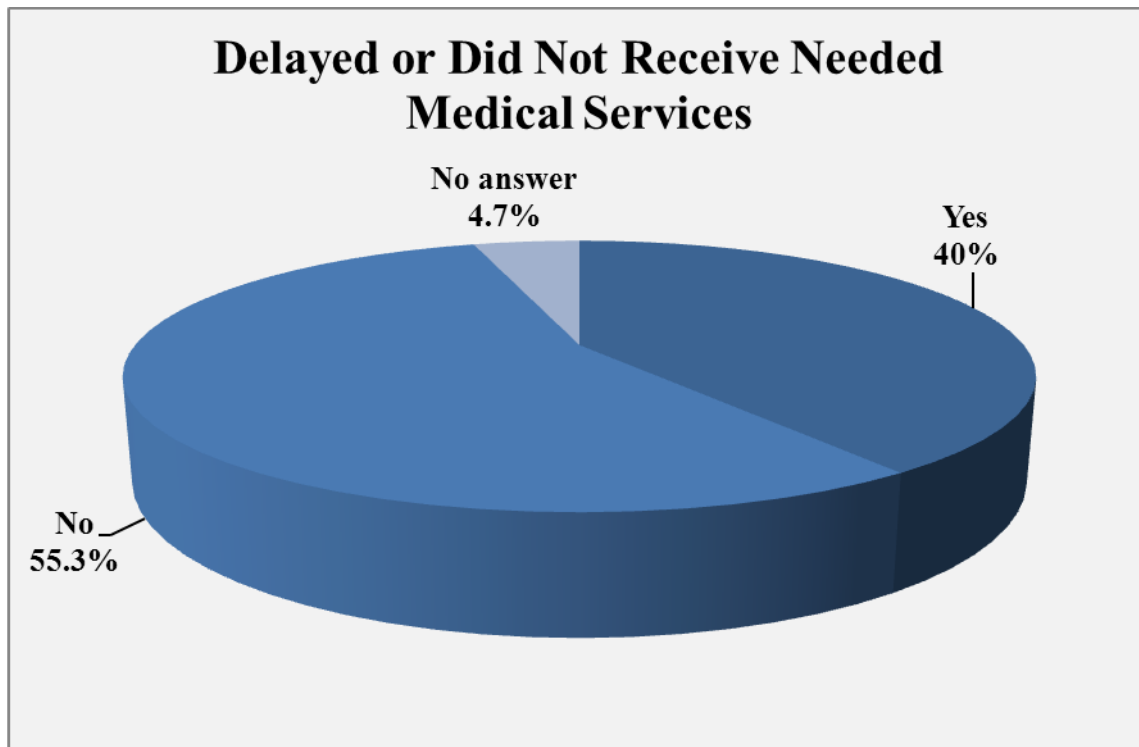
“Other” comments:

- Obtaining quality, organic products, food, supplements, and other limited healthy foods in this area. Produce is marginal, etc. You have to travel to Williston for fresh fruits and vegetables

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

N= 170

Of the one hundred and seventy surveys returned, 40% of respondents (n=68) reported that they or a member of their household thought they needed health care services but did not get it or delayed getting it. Fifty-five percent of respondents (n=94) felt they were able to get the health care services they needed without delay and eight respondents (4.7%) chose not to answer this question.



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

N= 68

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “Could not get an appointment” (57.4%, n=39), “It costs too much” (48.5%, n=33) and “Too long to wait for an appointment” (42.6%, n=29). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	Count	Percent
Could not get an appointment	39	57.4%
It costs too much	33	48.5%
Too long to wait for an appointment	29	42.6%
No insurance	13	19.1%
Office was not open when I could go	12	17.6%
Do not like doctors	8	11.8%
My insurance did not cover	6	8.8%
Not treated with respect	6	8.8%
Too far to go	3	4.4%
Too nervous/afraid	3	4.4%
Unsure if services were available	3	4.4%
Did not know where to go	2	2.9%
Had no one to care for children	2	2.9%
Transportation problems	2	2.9%
Could not get off work	1	1.5%
Language barrier	1	1.5%
Other	11	16.2%

### “Other” comments:

- I checked in and waited for three hours in the ER and still did not see a doctor so I walked out
- Hadn’t met our deductible yet
- Too busy
- Lack of privacy
- Doctor was unconcerned
- My last two doctors are gone now
- Both the walk-in clinic & the MonDak Clinic are closed on Wednesdays
- Most doctors are private practice. They don’t accept Medicaid and they refuse chronic pain patients
- Have to travel to Williston, ND
- MRI unavailable in Sidney
- Go to Mercy (in Williston) because they are faster, have more experience, and it costs less money
- [Office was not open when I could go] Had to use the ER

### Utilization of Preventative Services (Question 12)

N= 170

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Flu shot” was selected by 53.5% of respondents (n=91). Fifty-one percent of respondents (n=87) indicated they had “Birthday lab work” and 44.1% of respondents (n=75) had a “Routine health checkup.” Respondents could check all that apply, thus the percentages will not equal 100%.

Service	Count	Percent
Flu shot	91	53.5%
Birthday lab work	87	51.2%
Routine health checkup	75	44.1%
Routine blood pressure check	51	30.0%
Mammography	41	24.1%
Cholesterol check	34	20.0%
Pap smear	33	19.4%
Prostate (PSA)	28	16.5%
None	20	11.8%
Colonoscopy	14	8.2%
Children’s checkup/Well baby	11	6.5%
Other	3	1.8%

“Other” comments:

- [Routine health checkup] Yearly
- CBC (Complete Blood Count)
- None
- Fitness center
- Work does lab work
- Pain management

### Desired Local Health Care Services (Question 13)

N= 170

Respondents were asked to indicate which health care professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “Dermatology” available at 28.8% (n=49) followed by “Acupuncture” at 20% (n=34), and a “Vein doctor” at 14.1% (n=24). Respondents were asked to check all that apply so percentages do not equal 100%.

Service	Count	Percent
Dermatology	49	28.8%
Acupuncture	34	20.0%
Vein doctor	24	14.1%
Cardiology	22	12.9%
Occupational health	11	6.5%
Hematology	2	1.2%
Other	5	2.9%

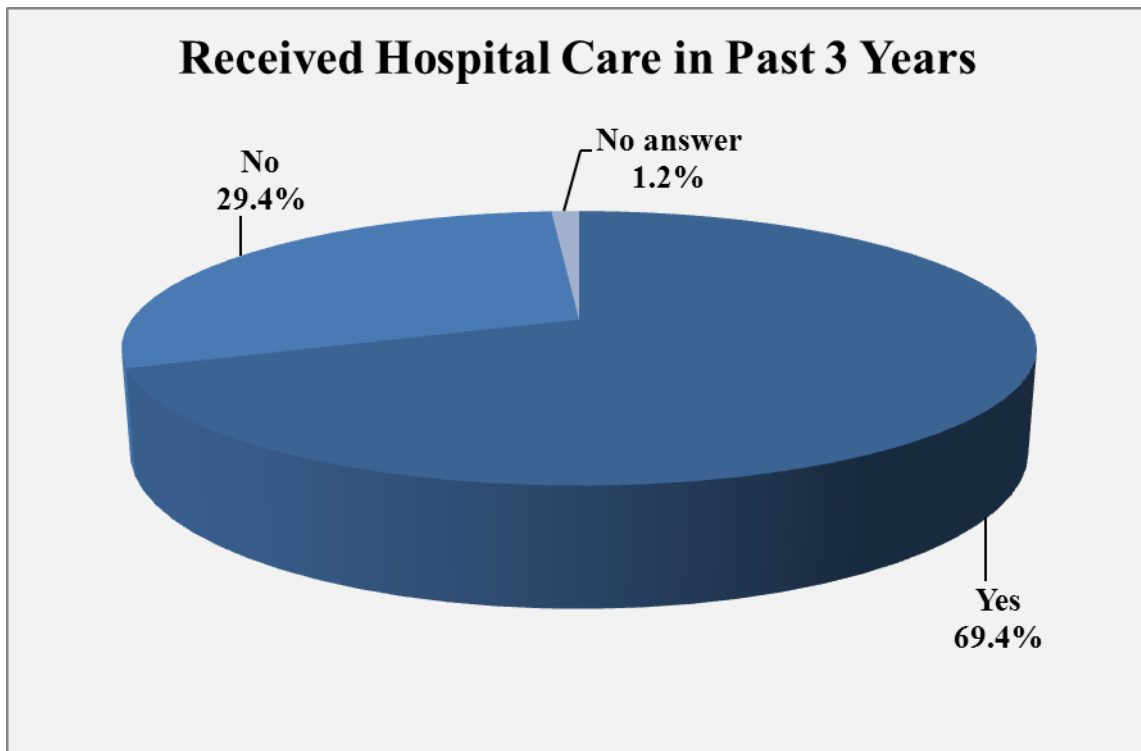
“Other” comments:

- Nutritionist
- None (2)
- Doctor who specializes in weight loss
- Midwife
- Urology
- Neurologist
- [Dermatology] Maybe if I could afford it!

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

N= 170

Sixty-nine percent of respondents (n=118) reported that they or a member of their family had received hospital care during the previous three years. Twenty-nine percent (n=50) had not received hospital services and 1.2% of respondents (n=2) did not answer this question.





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

N= 115

Of the 118 respondents who indicated receiving hospital care in the previous three years, 67.8% (n=78) reported receiving care in Sidney. Sixteen percent of respondents (n=18) went to Billings and 9.6% of respondents (n=11) utilized services in Williston, ND. Three of the 118 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	Count	Percent
Sidney	78	67.8%
Billings	18	15.7%
Williston, ND	11	9.6%
Glendive	5	4.3%
Other	3	2.6%
<b>TOTAL</b>	<b>115</b>	<b>100%</b>

“Other” comments:

- [Sidney] years ago
- Circle
- Grand Junction, CO
- Out of state
- Kansas City, MO
- Bismarck, ND
- [Williston, ND] Kidney stone so I had to see a urologist

### Reasons for Selecting the Hospital Used (Question 16)

N= 118

Of the 118 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 72.9% (n=86). “Prior experience with hospital” was selected by 41.5% of respondents (n=49) and 38.1% (n=45) selected “Emergency, no choice”. Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	86	72.9%
Prior experience with hospital	49	41.5%
Emergency, no choice	45	38.1%
Referred by physician	40	33.9%
Hospital’s reputation for quality	34	28.8%
Closest to work	17	14.4%
Recommended by family/friends	15	12.7%
Required by insurance plan/in-network hospital	9	7.6%
Cost of care	7	5.9%
VA/Military requirement	1	0.8%
Other	8	6.8%

“Other” comments:

- Specialty care
- None
- Location
- It’s what’s available to me
- Dr. Bergin
- Better doctors
- More options, less hassle
- Don’t have to wait as long to see someone

### Cross Tabulation of Hospital and Residence

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

#### LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	<b>Sidney</b>	<b>Billings</b>	<b>Glendive</b>	<b>Williston, ND</b>	<b>Other</b>	<b>Total</b>
<b>Sidney 59270</b>	68 (78.2%)	12 (13.8%)	1 (1.1%)	5 (5.7%)	1 (1.1%)	<b>87</b>
<b>Savage 59262</b>	3 (60%)		2 (40%)			<b>5</b>
<b>Fairview 59221</b>	7 (43.8%)	4 (25%)		5 (31.2%)		<b>16</b>
<b>Lambert 59243</b>					1 (100%)	<b>1</b>
<b>Cartwright, ND 58838</b>		1 (100%)				<b>1</b>
<b>Other</b>					1 (100%)	<b>1</b>
<b>TOTAL</b>	<b>78 (70.3%)</b>	<b>17 (15.3%)</b>	<b>3 (2.7%)</b>	<b>10 (9%)</b>	<b>3 (2.7%)</b>	<b>111</b>

## Cross Tabulation of Hospital and Reason Selected

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

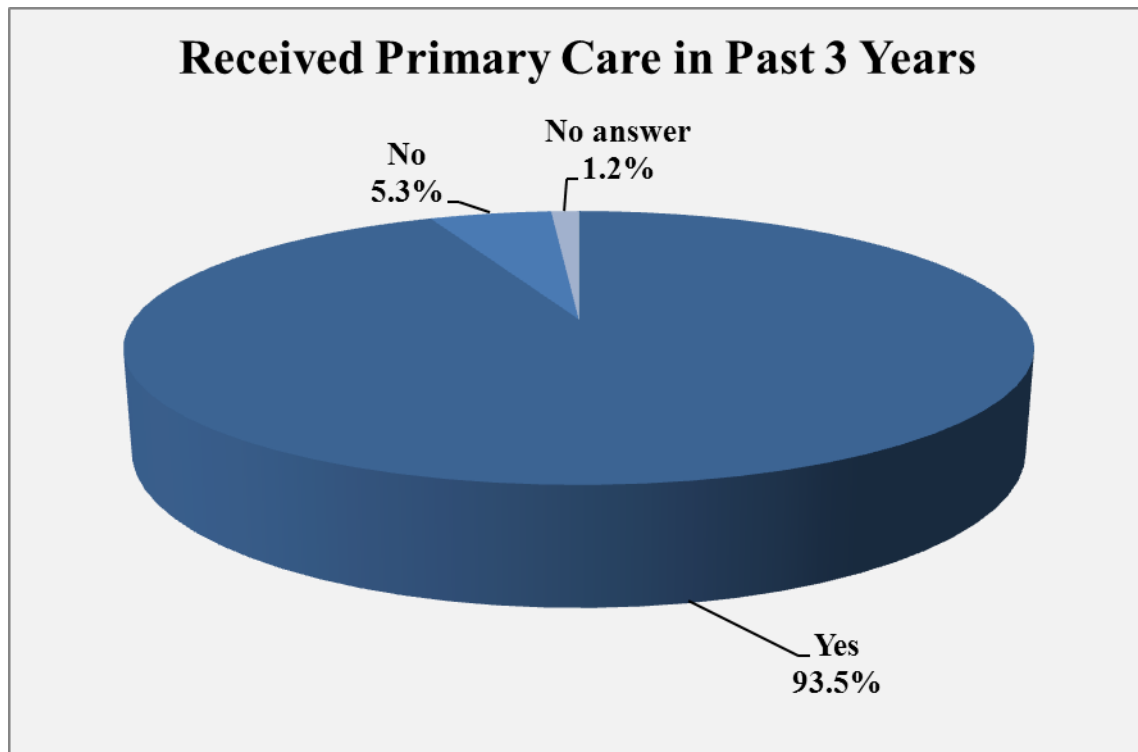
### LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	<b>Sidney</b>	<b>Billings</b>	<b>Glendive</b>	<b>Williston, ND</b>	<b>Other</b>	<b>Total</b>
<b>Cost of care</b>	3 (42.9%)	1 (14.3%)	1 (14.3%)	1 (14.3%)	1 (14.3%)	<b>7</b>
<b>Closest to home</b>	76 (89.4%)	5 (5.9%)	2 (2.4%)	1 (1.2%)	1 (1.2%)	<b>85</b>
<b>Closest to work</b>	16 (94.1%)		1 (5.9%)			<b>17</b>
<b>Emergency, no choice</b>	38 (86.4%)	5 (11.4%)			1 (2.3%)	<b>44</b>
<b>Hospital's reputation for quality</b>	12 (36.4%)	11 (33.3%)	1 (3%)	8 (24.2%)	1 (3%)	<b>33</b>
<b>Prior experience with hospital</b>	31 (66%)	4 (8.5%)	3 (6.4%)	8 (17%)	1 (2.1%)	<b>47</b>
<b>Recommended by family/friends</b>	6 (40%)	3 (20%)	1 (6.7%)	4 (26.7%)	1 (6.7%)	<b>15</b>
<b>Referred by physician</b>	23 (59%)	9 (23.1%)	2 (5.1%)	4 (10.3%)	1 (2.6%)	<b>39</b>
<b>Required by insurance plan/in-network hospital</b>	6 (66.7%)	2 (22.2%)			1 (11.1%)	<b>9</b>
<b>VA/Military requirement</b>	1 (100%)					<b>1</b>
<b>Other</b>	3 (37.5%)	4 (50%)		1 (12.5%)		<b>8</b>

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

N= 170

Ninety-four percent of respondents (n=159) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for health care services in the past three years. Two respondents (1.2%) chose not to answer this question.



### Location of Primary Care Provider (Question 18)

N= 148

Of the 159 respondents who indicated receiving primary care services in the previous three years, 83.1% (n=123) reported receiving care in Sidney. Six percent of respondents (n=9) went to Fairview and 4.7% of respondents (n=7) utilized primary care services in Williston, ND. Eleven of the 159 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	Count	Percent
Sidney	123	83.1%
Fairview	9	6.1%
Williston, ND	7	4.7%
Glendive	4	2.7%
Other	5	3.4%
<b>TOTAL</b>	<b>148</b>	<b>100%</b>

“Other” comments:

- Circle (3)
- Miles City (2)
- Hardin
- Billings (3)

### Reasons for Selection of Primary Care Provider (Question 19)

N= 159

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” was the top reason for primary care provider selection by 48.4% (n=77) of respondents. Forty-one percent (n=65) indicated “Prior experience with clinic” and “Appointment availability” was selected by 36.5% (n=58). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	77	48.4%
Prior experience with clinic	65	40.9%
Appointment availability	58	36.5%
Recommended by family or friends	38	23.9%
Clinic’s reputation for quality	33	20.8%
Referred by physician or other provider	21	13.2%
Length of waiting room time	13	8.2%
Required by insurance plan/in-network provider	7	4.4%
Cost of care	6	3.8%
VA/Military requirement	1	0.6%
Indian Health Services	0	0
Other	12	7.5%

“Other” comments:

- Family doctor
- History with the doctor (2)
- She was female
- More options. All Sidney wants to do is hospitalize you
- The only OB/GYN
- None
- Ruled out other doctors
- Recommended by Registered Nurse (RN)
- Privacy
- In Plentywood
- Only doctor taking new patients
- I like their walk-in service hours
- They show they are concerned and actually care

### Cross Tabulation of Primary Care and Residence

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

#### LOCATION OF CLINIC MOST UTILIZED BY RESIDENCE

	<b>Sidney</b>	<b>Fairview</b>	<b>Williston, ND</b>	<b>Glendive</b>	<b>Other</b>	<b>Total</b>
<b>Sidney 59270</b>	107 (89.2%)	5 (4.2%)	4 (3.3%)	1 (0.8%)	3 (2.5%)	<b>120</b>
<b>Savage 59262</b>	5 (71.4%)			2 (28.6%)		<b>7</b>
<b>Fairview 59221</b>	9 (52.9%)	4 (23.5%)	3 (17.6%)		1 (5.9%)	<b>17</b>
<b>Lambert 59243</b>	1 (100%)					<b>1</b>
<b>Cartwright, ND 58838</b>						<b>0</b>
<b>Other</b>	1 (100%)					<b>1</b>
<b>TOTAL</b>	<b>123 (84.2%)</b>	<b>9 (6.2%)</b>	<b>7 (4.8%)</b>	<b>3 (2.1%)</b>	<b>4 (2.7%)</b>	<b>146</b>



## Cross Tabulation of Clinic and Reason Selected

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

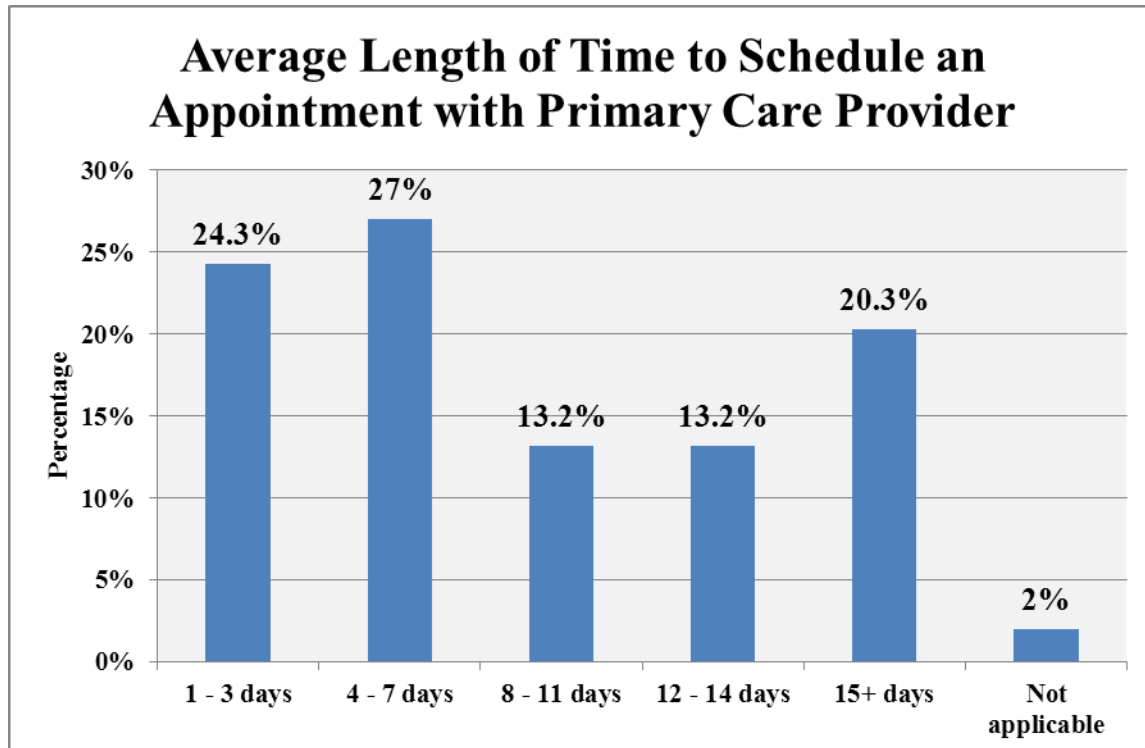
### LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	<b>Sidney</b>	<b>Fairview</b>	<b>Williston, ND</b>	<b>Glendive</b>	<b>Other</b>	<b>Total</b>
<b>Appointment availability</b>	40 (78.4%)	6 (11.8%)	1 (2%)	1 (2%)	3 (5.9%)	<b>51</b>
<b>Clinic's reputation for quality</b>	21 (70%)	2 (6.7%)	4 (13.3%)		3 (10%)	<b>30</b>
<b>Closest to home</b>	64 (90.1%)	4 (5.6%)		1 (1.4%)	2 (2.8%)	<b>71</b>
<b>Cost of care</b>	2 (40%)	1 (20%)	1 (20%)		1 (20%)	<b>5</b>
<b>Length of waiting room time</b>	7 (53.8%)	3 (23.1%)	2 (15.4%)		1 (7.7%)	<b>13</b>
<b>Prior experience with clinic</b>	46 (76.7%)	3 (5%)	7 (11.7%)		4 (6.7%)	<b>60</b>
<b>Recommended by family or friends</b>	35 (97.2%)	1 (2.8%)				<b>36</b>
<b>Referred by physician or other provider</b>	16 (80%)	1 (5%)	2 (10%)	1 (5%)		<b>20</b>
<b>Required by insurance plan/in-network hospital</b>	7 (100%)					<b>7</b>
<b>VA/Military requirement</b>	1 (100%)					<b>1</b>
<b>Indian Health Services</b>						<b>0</b>
<b>Other</b>	6 (60%)		1 (10%)	2 (20%)	1 (10%)	<b>10</b>

### Average Length of Time to Schedule Appointment (Question 20)

N= 152

Respondents were asked to identify the average length of time it takes for them to schedule an appointment with their primary care provider. Twenty-seven percent of respondents (n=41) indicated they were able to schedule an appointment within “4-7 days.” Twenty-four percent (n=37) were able to get appointments within “1-3 days” and 20.3% (n=31) indicated they scheduled appointments in “15+ days” with their primary care provider.



“Other” comments:

- [1-3 Days] If not on day-off or on vacation
- [1-3 Days] OR same-day in Plentywood
- 45+ Days
- Did not have a primary care provider. They let go of my provider. Without a primary care provider there is a 6 week waiting period

### Cross Tabulation of Average Length of Time for an Appointment and Clinic Location

Analysis was done to examine the average length of time to schedule an appointment with their primary care provider with where they receive their primary care services. The chart below shows the results of the cross tabulation.

#### AVERAGE TIME TO SCHEDULE AN APPOINTMENT BY CLINIC LOCATION

	<b>1-3 days</b>	<b>4-7 days</b>	<b>8-11 days</b>	<b>12-14 days</b>	<b>15+ days</b>	<b>Not applicable</b>	<b>Total</b>
<b>Sidney</b>	25 (21.2%)	33 (28%)	17 (14.4%)	14 (11.9%)	27 (22.9%)	2 (1.7%)	<b>118</b>
<b>Fairview</b>	5 (55.6%)	2 (22.2%)	1 (11.1%)	1 (11.1%)			<b>9</b>
<b>Williston, ND</b>	2 (28.6%)	2 (28.6%)		1 (14.3%)	2 (28.6%)		<b>7</b>
<b>Glendive</b>		1 (25%)		2 (50%)		1 (25%)	<b>4</b>
<b>Other</b>	2 (40%)	2 (40%)			1 (20%)		<b>5</b>
<b>TOTAL</b>	<b>34 (23.8%)</b>	<b>40 (28%)</b>	<b>18 (12.6%)</b>	<b>18 (12.6%)</b>	<b>30 (21%)</b>	<b>3 (2.1%)</b>	<b>143</b>

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

N= 170

Seventy-three percent of the respondents (n=124) indicated they or a household member had seen a health care specialist during the past three years. Twenty-three percent (n=39) indicated they had not seen a specialist and seven respondents (4.2%) chose not to answer this question.



### Type of Health Care Specialist Utilized (Question 22)

N= 124

Respondents saw a wide array of health care specialists. The most frequently indicated specialist was a “Dentist” with 45.2% of respondents (n=56) having utilized their services. “Chiropractor” was the second most seen specialist at 28.2% (n=35) and “OB/GYN” was third at 18.5% (n=23).

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

Health Care Specialist	Count	Percent
Dentist	56	45.2%
Chiropractor	35	28.2%
OB/GYN	23	18.5%
General surgeon	22	17.7%
Cardiologist	20	16.1%
Orthopedic surgeon	19	15.3%
Radiologist	19	15.3%
Physical therapist	17	13.7%
Dermatologist	14	11.3%
Urologist	14	11.3%
Oncologist	12	9.7%
Ophthalmologist	12	9.7%
ENT (ear/nose/throat)	10	8.1%
Neurologist	10	8.1%
Endocrinologist	8	6.5%
Pediatrician	8	6.5%
Audiologist	7	5.6%
Gastroenterologist	7	5.6%
Neurosurgeon	7	5.6%
Podiatrist	7	5.6%
Vein doctor	7	5.6%
Dietician	5	4.0%
Psychiatrist (MD)	5	4.0%
Rheumatologist	5	4.0%
Allergist	4	3.2%
Mental health counselor	4	3.2%
Occupational therapist	2	1.6%
Psychologist	2	1.6%
Pulmonologist	2	1.6%
Substance abuse counselor	1	0.8%
Geriatrician	0	0
Social Worker	0	0
Speech therapist	0	0
Other	6	4.8%

**Type of Health Care Specialist Utilized (Question 22) *continued...***

“Other” comments:

- Reflexologist
- Nurse Practitioner
- Family Practice
- Naturopath
- Reconstructive surgery
- Vascular Surgeon
- Vascular
- Vocational Rehab
- Oral surgeon
- Pain management
- [ENT (Ear Nose Throat)] Two years ago, I had to go to Williston to see an ENT. Sidney couldn't see me. The ENT at Sidney did my surgery 6 years before

### Location of Health Care Specialist (Question 23)

N= 124

Of the 124 respondents who indicated they saw a health care specialist, 58.9% (n=73) saw one in Sidney. Billings was also highly reported with 50% (n=62) of respondents going there for specialty services. Respondents could select more than one location; therefore percentages do not equal 100%.

Location	Count	Percent
Sidney	73	58.9%
Billings	62	50.0%
Williston, ND	34	27.4%
Bismarck, ND	5	4.0%
Other	23	18.5%

“Other” comments:

- Mayo Clinic (2)
- Minot, ND (2)
- [Williston, ND] Eye Cataract Surgery
- Dickenson, ND (3)
- Florida
- Arizona
- South Dakota
- Miles City (2)
- Missoula
- Rapid City, SD (3)
- Denver, CO
- WA State
- Circle
- Great Falls
- Fairview
- Glendive (4)
- Grand Junction, CO
- Various locations
- Kansas City, MO

### Overall Quality of Care at Sidney Health Center (Question 24)

N= 170

Respondents were asked to rate a variety of aspects of the overall care provided at Sidney Health Center. Respondents were asked to rate the services using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor and “Don’t know” or “Haven’t used.” The sums of the average scores were then calculated with “Cancer care” receiving the top average score of 3.6 out of 4.0. “Ambulance services” received a 3.4 and “Physical therapy” as well as “Telemedicine” both received scores of 3.3 out of 4.0. The total average score was 3.1, indicating the overall services of the hospital to be “Good.”

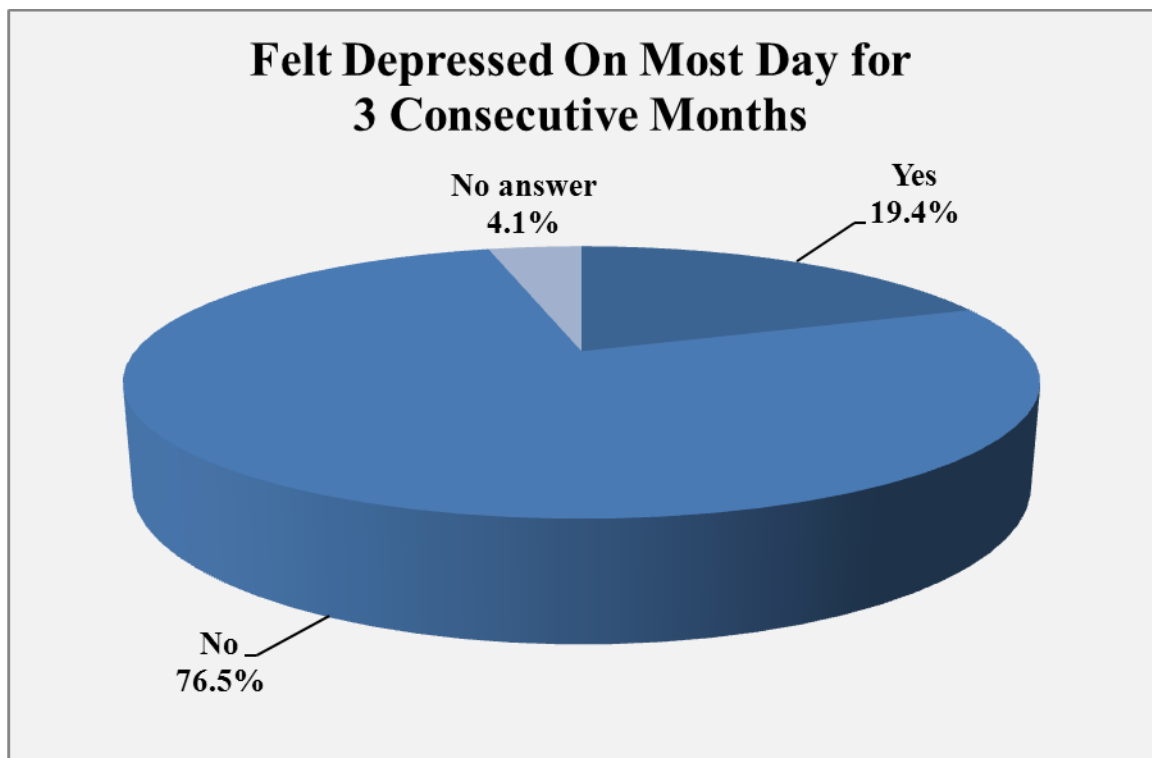
	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don’t Know</b>	<b>Haven’t Used</b>	<b>No Ans.</b>	<b>N</b>	<b>Avg.</b>
Cancer care	21	17	0	0	29	87	16	170	3.6
Ambulance services	34	25	4	2	20	73	12	170	3.4
Physical therapy	25	30	3	1	28	70	13	170	3.3
Telemedicine	7	11	1	0	43	93	15	170	3.3
Laboratory	44	69	9	4	11	21	12	170	3.2
Clinical services	29	67	30	2	8	18	16	170	3.0
Emergency room	37	56	22	11	12	25	7	170	2.9
Sleep center	4	15	7	1	33	95	15	170	2.8
Extended care	8	22	11	11	23	79	16	170	2.5
<b>TOTAL</b>	<b>209</b>	<b>312</b>	<b>87</b>	<b>32</b>					<b>3.1</b>



### Prevalence of Depression (Question 25)

N= 170

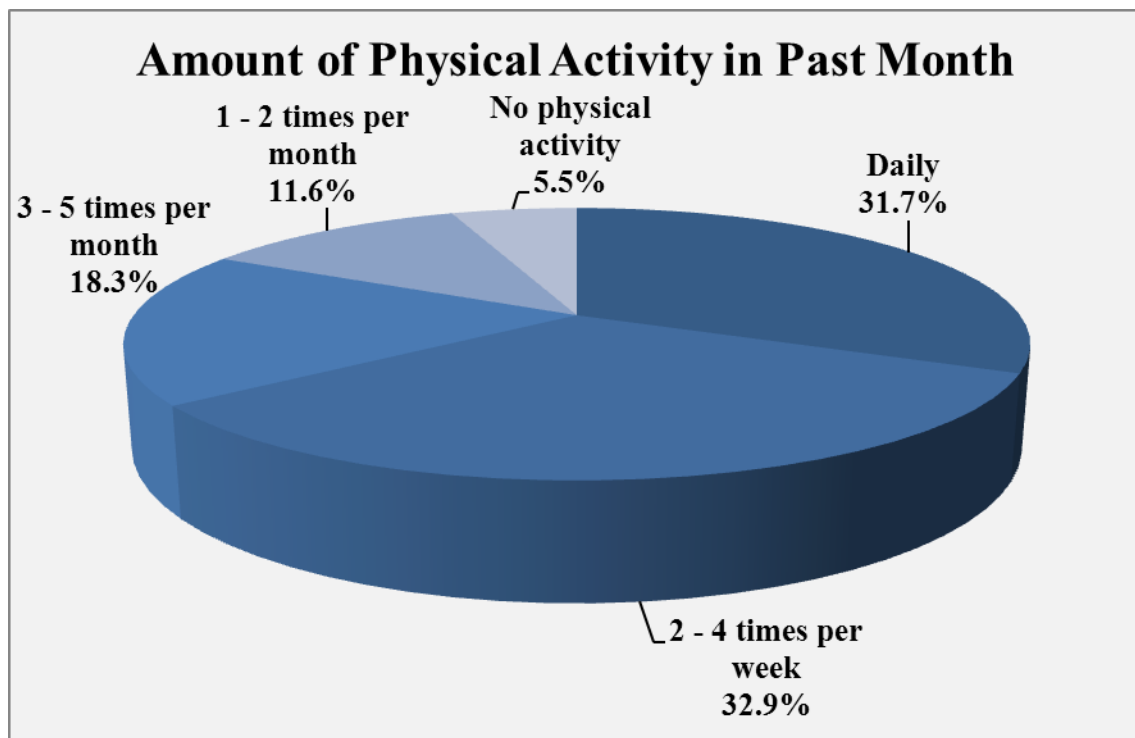
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Nineteen percent of respondents (n=33) indicated they had experienced periods of feeling depressed and 76.5% of respondents (n=130) indicated they had not. Seven respondents (4.1%) chose not to answer this question.



### Physical Activity (Question 26)

N= 164

Respondents were asked to indicate how frequently they had physical activity for at least 20 minutes over the past month. Thirty-three percent of respondents (n=54) indicated they had physical activity of at least 20 minutes “2-4 times per week” over the past month and 31.7% (n=52) indicated they had physical activity “Daily.” Eighteen percent (n=30) had physical activity “3-5 times per month” and nine respondents (5.5%) indicated they had “No physical activity.” Six respondents chose not to answer this question.



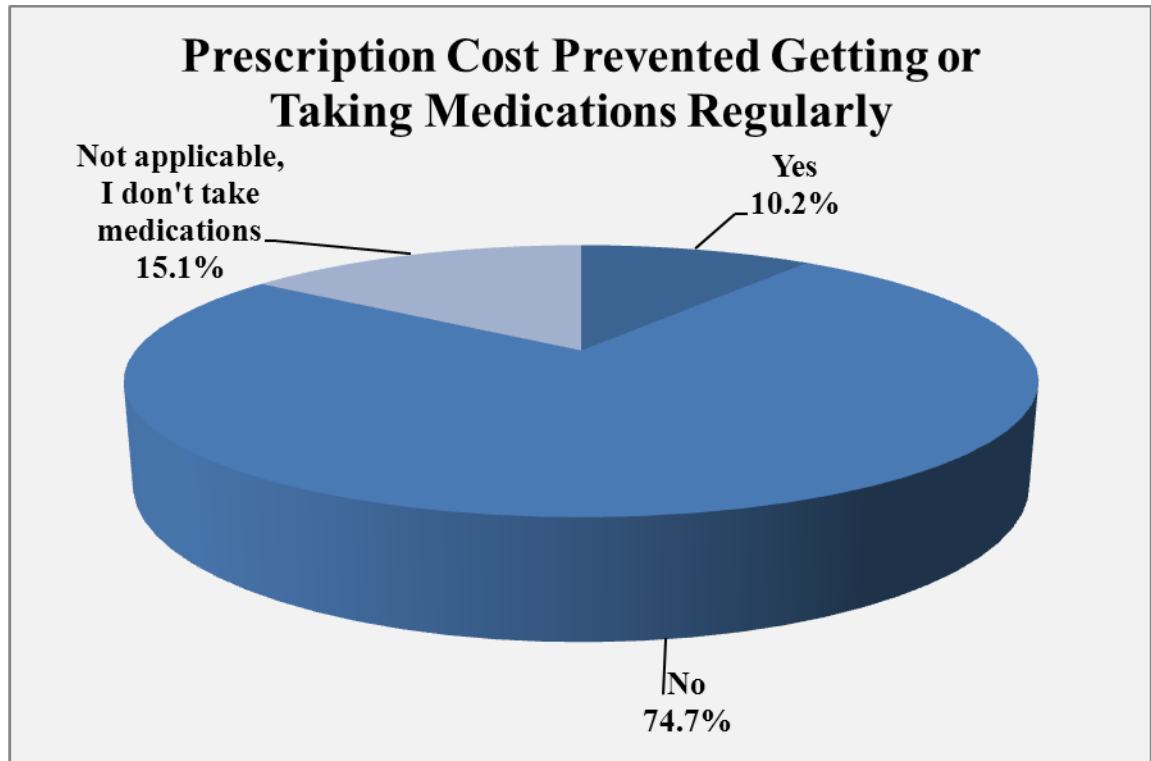
“Other” comments:

- [No physical activity] Walking in house
- I work

### Cost and Prescription Medications (Question 27)

N= 166

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Ten percent of respondents (n=17) indicated that cost had prohibited them from getting a prescription or taking their medication regularly in the last year and 74.7% (n=124) indicated that cost had not prohibited them. Four respondents chose not to answer this question.



### Medical Insurance (Question 28)

N= 138

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Fifty-three percent (n=73) indicated they have “Employer-sponsored” coverage. Nineteen percent (n=26) indicated they have “Medicare” and “None/I pay out of pocket”, as well as “Private insurance/private plan”, was indicated by 11.6% of respondents (n=16). Thirty-two respondents chose not to answer this question.

<b>Insurance Type</b>	<b>Count</b>	<b>Percent</b>
Employer-sponsored	73	52.9%
Medicare	26	18.8%
None/I pay out of pocket	16	11.6%
Private insurance/private plan	16	11.6%
Medicaid	2	1.5%
Health Savings Account	1	0.7%
State/Other	1	0.7%
Agricultural Corp. paid	0	0
Healthy MT Kids/CHIP	0	0
Indian Health Service	0	0
Migrant Council	0	0
VA/Military	0	0
Other	3	2.2%
<b>TOTAL</b>	<b>138</b>	<b>100%</b>

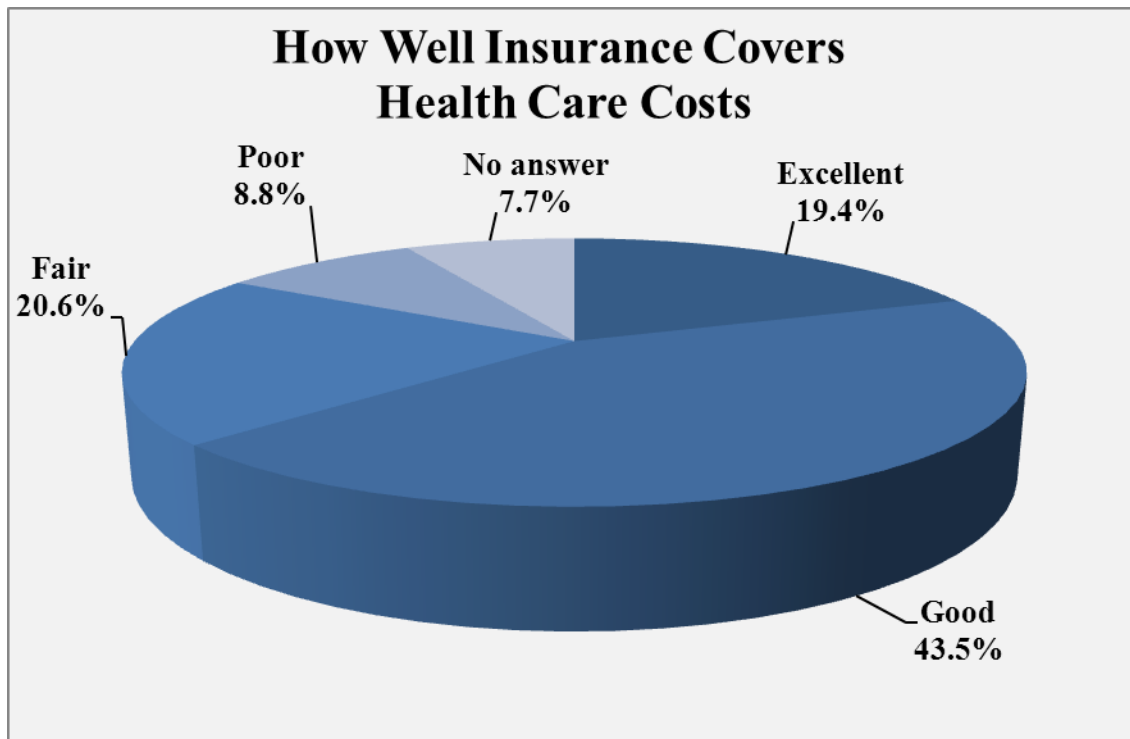
“Other” comments:

- Blue Cross/Blue Shield (3)
- Federal
- Major medical

### Insurance and Health Care Costs (Question 29)

N= 170

Respondents were asked to indicate how well they felt their health insurance covers their health care costs. Forty-four percent of respondents (n=74) indicated they felt their insurance covers a “Good” amount of their health care costs. Twenty-one percent of respondents (n=35) indicated they felt their insurance is “Fair” and 19.4% of respondents (n=33) indicated they felt their insurance was “Excellent.”



“Other” comments:

- Never use it
- [Poor] \$10,000 deductible

### Barriers to Having Health Insurance (Question 30)

N= 16

Those respondents who indicated they did not have medical insurance (n=16) were asked to indicate why they did not. Seventy-five percent (n=12) reported they did not have health insurance because they could not afford to pay for it and 18.8% (n=3) indicated their “Employer does not offer insurance.” Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Reason	Count	Percent
Cannot afford to pay for medical insurance	12	75.0%
Employer does not offer insurance	3	18.8%
Choose not to have medical insurance	2	12.5%
Cannot get insurance due to medical issues	1	6.3%
Other	1	6.3%

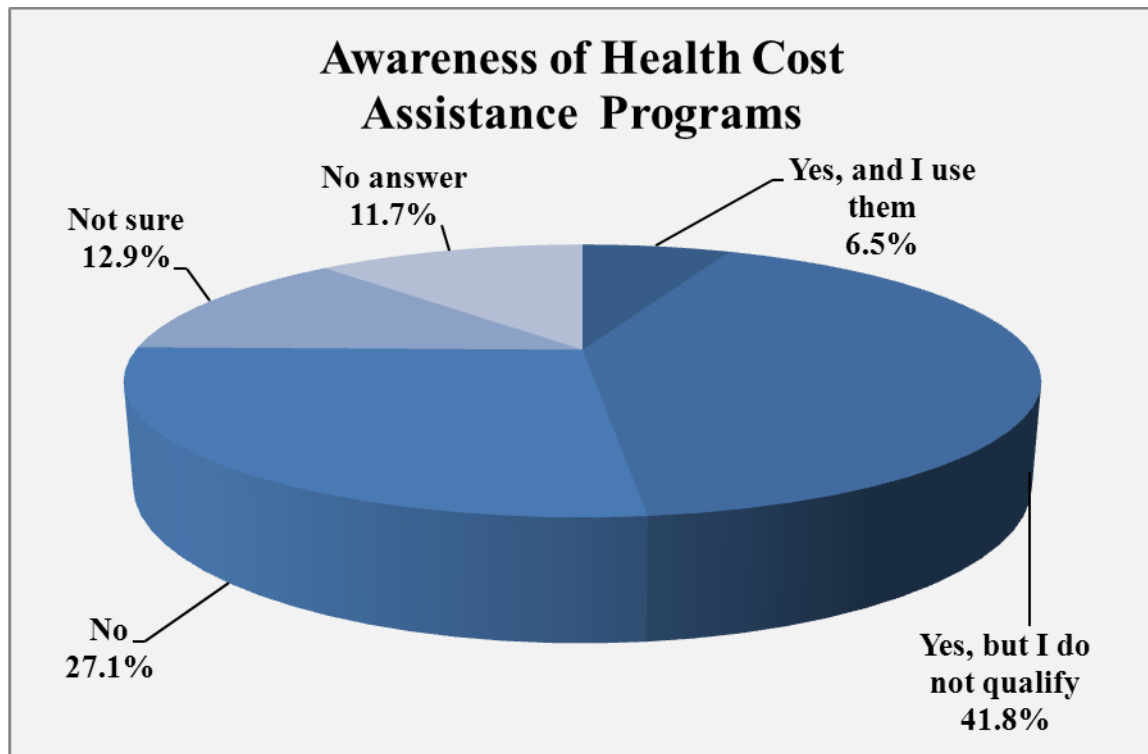
“Other” comments:

- N/A (3)
- On worker’s comp, cannot afford insurance
- Have it, high deductible, major medical only

### Awareness of Health Payment Programs (Question 31)

N= 170

Respondents were asked to indicate their awareness of programs that help people pay for health care bills. Forty-two percent of respondents (n=71) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-seven percent (n=46) indicated that they were not aware or did not know of these programs and 12.9% of respondents (n=22) indicated they were unsure. Twenty respondents (11.7%) chose not to answer this question.



“Other” comments:

- Yes, we have to pay for it

## **VI. Focus Group Methodology**

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Three focus groups were held in Sidney, Montana in February 2013. Focus group participants were identified as people living in Sidney Health Center's service area.

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

Note: Steering Committee members were asked to submit names of three people who represented various populations including medically underserved, low income, minority and/or populations with chronic disease to participate in these focus groups. Sidney Health Center sent invitations to suggested individuals to participate in the focus groups.

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



## Focus Group Findings

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

- *Major issues in health care-* A variety of themes were discussed throughout the focus group meetings. The most common themes revolved around provider retention and the lack of appointment availability. One participant stated, “The providers that we do have are unavailable due to the number of patients they see.” Participants also discussed lack of daycare as a concern because workers cannot find childcare while they work. In addition, participants also noted high rates of drug and alcohol abuse as well as childhood obesity to be major health concerns in the area.
- *Opinion of services and quality of care at Sidney Health Center:*

*Quality of Care-* Participants spoke well of the hospital and are appreciative of the new walk-in clinic. Participants noted, “People receive excellent care in this facility.” Most participants recalled positive experiences. However, some participants did note that emergency care could improve.

*Number of Services-* In general, participants felt there are plenty of facilities available to support a large number of services but more staff is needed. One participant commented, “We’re pretty fortunate and have an audiologist, cancer center, and podiatry.” Participants did mention that dermatology would be beneficial to offer to the community because, “A lot of people go out of town for dermatology even if that means travelling once a month.”

*Hospital Staff-* Participants discussed the hospital staff in terms of style of care and competence. Hospital staff was viewed well as reflected in the remark, “I think the providers are amazing and very accommodating. They bend over backwards for their patients.” A number of participants were concerned about the retention of providers and think the hospital could work on keeping providers in Sidney. Participants felt the hospital staff is great, but the staffing shortages are a challenge.

*Hospital Board and Leadership-* In general, the community did not know members of the Hospital Board or their role. Participants suggested educating the public about the Board’s involvement to address this lack of awareness. Some participants who were more familiar with the Board expressed concern that there is a disconnect between the hospital administration and the Board stating, “Most people are aware of administration and think it stops there which is ultimately problematic. The Board is out of the loop. The Board doesn’t think they are getting the full picture.”

*Business Office-* Participants acknowledged that billing, insurance, and Medicaid are all complex systems that can be frustrating. Participants felt the business office is competent and that staff does a good job even though billing is so complicated. Participants did refer to several circumstances where problems arose when the hospital outsourced their billing.

*Condition of Facility and Equipment-* Participants were very proud of the condition of their facility for the size of their community. They described it as “Excellent,” “Beautiful,” and “Phenomenal.” Participants were also impressed with the great equipment, especially in the Cancer Center.

*Financial Health of the Hospital-* In general, participants viewed the financial health of the hospital as good. Participants spoke very highly of the Foundation’s fundraising abilities and were grateful for generous donors in the community. However, participants did express great concern over people receiving care, giving false addresses, and never paying for the services they received. Participants felt this dilemma must greatly impact the hospital’s financial standing.

*Cost-* Participants felt that the cost of services was expensive but reflected the high costs of everything in their area. One participant noted, “Some services are more expensive here than in Billings. The hospital could have some control, yes. But some services will be more expensive because we’re servicing a smaller population. I don’t mind we pay more because it’s nice to have local services; period.”

*Office/Clinic Staff-* Participants found the office and clinic staff to be great. They felt staff was helpful, professional, competent, and courteous to patients. Participants believe the receptionists do the best they can to get people into appointments as quickly as possible but appointments are difficult to get.

*Availability-* Participants expressed that it is very difficult to get an appointment because of the high turnover rate of providers. Participants felt the cause of the high turnover of providers is multifaceted, but all agree that provider retention would improve availability of appointments and increase trusting relationships between providers and patients. Participants also noted the addition of the walk-in clinic may help improve availability at Sidney Health Center.

- *Opinion of local providers-* Participants indicated they mostly use local providers as their or their family’s personal provider. Reasons noted for using local services included: great quality of care, competency, trusting relationship with provider, convenience, and familiarity. One participant noted, “Unless I’m referred, I stay in town because of convenience.”
- *Opinion of Local Services:*

*Emergency Room-* Participants expressed concern that, “There has been an increase of emergency care utilized by eight times and yet there is the same number of providers. Volume is fluxed. There are more accidents happening which is putting pressure on local providers.” Participants suggested hiring a full-time ER doctor and believe that would improve emergent care. Participants also noted that many people utilize the ER incorrectly during non-emergency situations if they cannot schedule an appointment during regular hours.

*Ambulance Service-* Participants spoke very highly of the ambulance service, recounting several positive experiences. They are also very appreciative of the volunteers on the service.

*Health Care Services for Senior Citizens-* Some participants expressed concern that some providers do not take Medicare and Medicaid patients while others believe providers accept Medicare and Medicaid with no problem. Participants noted that services for senior citizens tend to be short-staffed but overall the care is good.

*Public/County Health Department-* Participants were pleased with the services offered by the health department. One person noted, “The health department is very proactive. They do as many things as they can with the staff they have. Extremely stretched.” Participants praised the health department’s collaboration with Sidney Health Center and think the department’s grant writing is great.

*Health Care Services for Low-Income Individuals-* Generally, participants felt that low income patients receive the health care services they need. Most participants believe Medicaid and other assistance programs are confusing and involve a lot of rules and regulations that make it difficult to understand. Participants also noted that people with lower incomes tend to use the emergency room more often.

*Nursing Home/Assisted Living Facility-* Participants felt the care provided at extended care facilities is good but expressed concerns that they are understaffed. One participant noted, “Extended care is in trouble and needs to be addressed. The Nursing Home holds ninety-people and has forty-five there. It is at half capacity due to staffing problems; due to Medicaid patients too. We need to do something. It is sad that older people have to go out of their community for extended care.”

*Pharmacy-* Participants noted that the pharmacy is very busy but they do a great job and get people the right medications.

- *What Would Make the Community a Healthier Place to Live-* Participants offered many suggestions for making Sidney and the surrounding area a healthier place to live. They focused on the need for an indoor community recreational facility as well as better promotion of the facilities that already exist. Participants noted that walking paths are being completed around town but expressed some concerns about safety in the area. Participants also indicated a need for more providers, improvements to the extended care facilities, and affordable housing.
- *Why people might leave the community for health care services-* Generally, participants would leave Sidney due to lack of availability of providers, cost, or for specialty services. Participants also left Sidney if they experienced bad service in the past, if their insurance offers better coverage in other areas, or for anonymity for personal or sensitive issues.
- *Health Services needed in the Community-* Additional services that participants felt were needed was: additional dental services, dermatology, cardiology, psychiatry, additional eye doctors, and neurology. Participants also indicated a need for more OBGYN providers, additional orthopedic services, an inpatient drug treatment center, and more internal medicine.

## **VII. Summary**

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One hundred seventy surveys were completed in Sidney Health Center's service area for a 24% response rate. Of the 170 returned, 62.9% of the respondents were females, 53.5% were 56 years of age or older and 54.3% work full time.

Respondents rated the overall quality of care at the hospital as "good", scoring 3.1 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Over half of the respondents (58.2%), feel the Sidney area is a "somewhat healthy" place to live. Respondents indicated their top three health concerns were: alcohol abuse (57.1%), cancer (51.8%), and overweight/obesity (35.3%). When asked what health related educational programs or classes respondents would be most interested in, the top choices were: fitness (36.5%), weight loss (32.9%), and health and wellness (30.6%).

Overall, the respondents within Sidney Health Center's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the health care sector has on the economic well-being of the area, with 78% of respondents identifying local health care services as "Very important" to the economic well-being of the area.

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

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

### ***Prioritized Needs to Address (Based on CHSD Process)***

1. The top two causes of death in the county are heart disease and cancer.
2. The top three health concerns for the community are: 'Alcohol abuse' (57.1%), 'Cancer' (51.8%), 'Overweight/obesity' (35.3%).
3. According to the survey respondents, two of the top three most important things for a healthy community are: 'Access to health care and other services' (57.6%) and 'Healthy behaviors and lifestyles' (31.8%).
4. Survey respondents indicated the most interest in the following three educational classes/programs: 'Fitness' (36.5%), 'Weight loss' (32.9%), and 'Health & wellness' (30.6%).
5. Focus group participants indicated interest in more opportunities to be physically active and a need for increased awareness of existing resources.
6. Respondents indicated that two of the top three choices to improve the community's access to health care are: 'Availability of visiting specialists' (58.2%), and 'Availability of walk-in clinic' (54.7%).
7. 19.4% of respondents self-reported feeling depressed on most days for periods of at least three consecutive months in the past three years.
8. Focus group respondents indicated major concerns regarding the high rates of drug/alcohol abuse as a result of the incoming workers based in the Bakken oil fields.

9. 40% of respondents indicated that they or a member of their household thought they had to delay, or did not receive, needed health care services. Of those 40% of respondents, two of the most cited reasons were: 'Could not get an appointment' (57.4%) or 'Too long to wait for an appointment' (42.6%).
10. While a majority of survey respondents reported being able to schedule an appointment within seven (7) days, there were 20.3% of respondents who reported that they had to wait at least fifteen (15) days to schedule an appointment.
11. Some survey respondents (10.2%) indicated that medication costs had prohibited them from getting a prescription or taking their medication regularly.

*Please Note: "Need" was identified as the top three issues or opportunities rated by the respondents for each question on the survey or in the focus groups. For a complete listing of needs identified in the assessment process, refer to pages 10, 20 and 22 of this document.*

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

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

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1. Marie Logan – Eastern Montana Community Mental Health Center
2. Judy LaPan – Administrator, Richland County Health Department
3. Cindy Eleson – Richland Opportunities, Inc.
4. Scott Doty – HealthWorks
5. Dr. Rajohn Karanjai – Medical Provider, Sidney Health Center
6. Dr. Dan Farr – Sidney Public Schools
7. Kelly Wilkinson – Crestwood
8. Pastor Charlane Lines – Pella Lutheran Church
9. Wade VanEvery – Sidney Area Chamber
10. Leif Anderson – Beagle Properties
11. Shane Gorder – Richland County Commissioner
12. Stephanie Ler – Richland County Sanitarian
13. Kim Syth – Community volunteer
14. Verlin Steppler – Farmer/rancher
15. Rita Steinbeisser – Marketing and Communications Director, Sidney Health Center
16. Rick Haraldson – CEO, Sidney Health Center

## **Appendix B - Public Health and Populations Consultation**

### **Public Health and Populations Consultation Worksheet**

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#### **1. Public Health**

- a. Name/Organization  
Judy LaPan – Administrator, Richland County Health Department
- b. Date of Consultation  
First Steering Committee Meeting: January 22, 2013
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
- d. Input and Recommendations from Consultation
  - Health Insurance Education would be helpful for community members
  - Environmental impacts on health – Prepare for community expansion
  - Collaborate with County and City Planning Boards, County Departments and other Community Service Groups, Businesses, Industry and community members
  - Drug and Alcohol Abuse

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

1. Population- Mental Health
  - a. Name/Organization  
Marie Logan – Eastern Montana Community Mental Health Center
  - b. Date of Consultation  
First Steering Committee Meeting: January 22, 2013
  - c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
  - d. Input and Recommendations from Consultation
    - Lack of mental health professionals in the region

2. Population: Seniors/Low-Income

a. Name/Organization

Kelly Wilkinson – Crestwood Inn Retirement Community (HUD Subsidized Housing)

b. Date of Consultation

First Steering Committee Meeting: January 22, 2013

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

Steering Committee

d. Input and Recommendations from Consultation

- Accessible transportation is needed
- Health Insurance and Medicare assistance resources would be helpful for seniors

3. Population: Developmental Disabilities

a. Name/Organization

Cindy Eleson – Richland Opportunities, Inc.

b. Date of Consultation

First Steering Committee Meeting: January 22, 2013

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

Steering Committee

d. Input and Recommendations from Consultation

- Increase opportunities for people with developmental disabilities within our community

Note: Steering Committee members were asked to submit names of three people who represented various populations including medically underserved, low income, minority and/or populations with chronic disease to participate in the focus group sessions. Sidney Health Center sent invitations to the suggested individuals to participate in the focus groups. Focus group participants included school representatives, area low-income and minority community members, cancer survivors, senior citizens and individuals who are new to the area. Individual comments from the focus group sessions are included on pages 48-50 of this report.



## Appendix C- Survey Cover Letter



*Exceptional Care for Life*

(406) 488-2100  
Fax: (406) 488-2125  
216 14th Ave SW • Sidney, MT 59270  
[www.sidneyhealth.org](http://www.sidneyhealth.org)

March 18, 2013

Dear Montana Resident:

**Participate in our Community Health Services Development survey and have a chance to WIN one of five \$50.00 gas cards to be given away!**

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

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

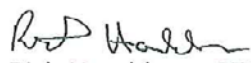
Once you complete your survey, simply **return it AND one of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by April 29, 2013.** Keep the other raffle ticket in a safe place. The winning raffle ticket number will be announced on the hospital website at: [www.sidneyhealth.org](http://www.sidneyhealth.org)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

We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. Sidney Health Center is offering you this chance to win 1 of 5 \$50 gas 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, a non-profit organization who is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001. The overall results of the survey will be shared with the community this spring.

Thank you for your assistance. We appreciate your effort.

Sincerely,

  
Rick Haraldson, CEO  
Sidney Health Center

## Appendix D- Survey Instrument

### Community Health Services Development Survey Sidney, Montana

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

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

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

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

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

(Check 3 that apply)

- |   |   |   |
|---|---|---|
| <input type="radio"/> Alcohol abuse       | <input type="radio"/> Heart disease                       | <input type="radio"/> Overweight/obesity                    |
| <input type="radio"/> Cancer              | <input type="radio"/> Lack of access to health care       | <input type="radio"/> Poor air/water quality                |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Lack of dental care                 | <input type="radio"/> Recreation-related accidents/injuries |
| <input type="radio"/> Depression/anxiety  | <input type="radio"/> Lack of exercise                    | <input type="radio"/> Stroke                                |
| <input type="radio"/> Diabetes            | <input type="radio"/> Lack of mental health professionals | <input type="radio"/> Tobacco use                           |
| <input type="radio"/> Domestic violence   | <input type="radio"/> Mental health issues                | <input type="radio"/> Work-related accidents/injuries       |
| <input type="radio"/> Drug abuse          | <input type="radio"/> Motor Vehicle Accidents             | <input type="radio"/> Other _____                           |

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

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

4. How would you rate your knowledge of the health services available at the Sidney Health Center?

- ☐ Excellent    ☐ Good    ☐ Fair    ☐ Poor

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

- |  |  |
|--|--|
| <input type="radio"/> Friends/family       | <input type="radio"/> Radio                                  |
| <input type="radio"/> Health care provider | <input type="radio"/> Social media platforms (i.e. Facebook) |
| <input type="radio"/> Mailings/newsletters | <input type="radio"/> TV                                     |
| <input type="radio"/> Newspaper            | <input type="radio"/> Website/internet                       |
| <input type="radio"/> Presentations        | <input type="radio"/> Word of mouth/reputation               |
| <input type="radio"/> Public health        | <input type="radio"/> Other _____                            |

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

- |                                    |                                      |                                     |
|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="radio"/> Chiropractor | <input type="radio"/> Fitness center | <input type="radio"/> Public health |
| <input type="radio"/> Dentist      | <input type="radio"/> Mental health  | <input type="radio"/> Other _____   |
| <input type="radio"/> Eye doctor   | <input type="radio"/> Pharmacy       |                                     |

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

- |  |   |   |
|--|---|---|
| <input type="radio"/> Availability of visiting specialists | <input type="radio"/> Improved quality of care    | <input type="radio"/> Telemedicine              |
| <input type="radio"/> Availability of walk-in clinic       | <input type="radio"/> Interpreter services        | <input type="radio"/> Transportation assistance |
| <input type="radio"/> Cultural sensitivity                 | <input type="radio"/> More primary care providers | <input type="radio"/> Other _____               |
| <input type="radio"/> Health education resources           |   |   |

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

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

9. If Sidney were to provide educational classes/programs to the community, which would you be most interested in taking? (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="radio"/> Alcohol/substance abuse | <input type="radio"/> Grief counseling                     | <input type="radio"/> Parenting         |
| <input type="radio"/> Alzheimer's             | <input type="radio"/> Health & wellness                    | <input type="radio"/> Prenatal          |
| <input type="radio"/> Pulmonary health        | <input type="radio"/> Health insurance/Affordable Care Act | <input type="radio"/> Smoking cessation |
| <input type="radio"/> Cancer                  | <input type="radio"/> Heart disease                        | <input type="radio"/> Support groups    |
| <input type="radio"/> Diabetes                | <input type="radio"/> Men's health                         | <input type="radio"/> Weight loss       |
| <input type="radio"/> First aid/CPR           | <input type="radio"/> Mental health                        | <input type="radio"/> Women's health    |
| <input type="radio"/> Fitness                 | <input type="radio"/> Nutrition                            | <input type="radio"/> Other _____       |



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

☐ Yes ☐ No (If no, skip to question 12)

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

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

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

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="radio"/> Birthday lab work            | <input type="radio"/> Flu shot       | <input type="radio"/> Routine blood pressure check |
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Mammography    | <input type="radio"/> Routine health checkup       |
| <input type="radio"/> Cholesterol check            | <input type="radio"/> Pap smear      | <input type="radio"/> None                         |
| <input type="radio"/> Colonoscopy                  | <input type="radio"/> Prostate (PSA) | <input type="radio"/> Other _____                  |

13. What additional health services would you use if available locally? (Check all that apply)

- |                                   |   |                                   |
|-----------------------------------|---|-----------------------------------|
| <input type="radio"/> Acupuncture | <input type="radio"/> Hematology          |                                   |
| <input type="radio"/> Cardiology  | <input type="radio"/> Occupational health |                                   |
| <input type="radio"/> Dermatology | <input type="radio"/> Vein doctor         | <input type="radio"/> Other _____ |

14. In the past three years, has anyone in your household received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care)

☐ Yes ☐ No (If no, skip to question 17)

15. If you answered yes, which hospital does your family use the **MOST** for hospital care? (Please check only ONE)

☐ Sidney ☐ Billings ☐ Glendive ☐ Williston, ND ☐ Other \_\_\_\_\_

16. Thinking about the hospital you visit most frequently, what were the **three** most important reasons for selecting that hospital? (**Check 3 that apply**)

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

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

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

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

- ☐ Sidney   ☐ Fairview   ☐ Williston, ND   ☐ Glendive   ☐ Other \_\_\_\_\_

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

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

20. What is the average length of time to schedule an appointment with your primary care provider?

- ☐ 1-3 days   ☐ 4-7 days   ☐ 8-11 days   ☐ 12-14 days   ☐ 15+ days   ☐ Not applicable

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

- ☐ Yes   ☐ No   (**If no, skip to question 24**)

22. What type of health care specialist was seen? (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="radio"/> Allergist             | <input type="radio"/> Geriatrician            | <input type="radio"/> Podiatrist                |
| <input type="radio"/> Audiologist           | <input type="radio"/> Mental health counselor | <input type="radio"/> Psychiatrist (MD)         |
| <input type="radio"/> Cardiologist          | <input type="radio"/> Neurologist             | <input type="radio"/> Psychologist              |
| <input type="radio"/> Chiropractor          | <input type="radio"/> Neurosurgeon            | <input type="radio"/> Pulmonologist             |
| <input type="radio"/> Dentist               | <input type="radio"/> OB/GYN                  | <input type="radio"/> Radiologist               |
| <input type="radio"/> Dermatologist         | <input type="radio"/> Occupational therapist  | <input type="radio"/> Rheumatologist            |
| <input type="radio"/> Dietitian             | <input type="radio"/> Oncologist              | <input type="radio"/> Social Worker             |
| <input type="radio"/> Endocrinologist       | <input type="radio"/> Ophthalmologist         | <input type="radio"/> Speech therapist          |
| <input type="radio"/> ENT (Ear/Nose/Throat) | <input type="radio"/> Orthopedic surgeon      | <input type="radio"/> Substance abuse counselor |
| <input type="radio"/> Gastroenterologist    | <input type="radio"/> Pediatrician            | <input type="radio"/> Urologist                 |
| <input type="radio"/> General surgeon       | <input type="radio"/> Physical therapist      | <input type="radio"/> Vein doctor               |
|   |   | <input type="radio"/> Other _____               |

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

- ☐ Billings    ☐ Sidney    ☐ Williston, ND    ☐ Bismarck, ND    ☐ Other \_\_\_\_\_

24. The following services are available at Sidney Health Center. Please rate the overall quality for each service. (Please mark N/A if you have not used the service).

	Excellent = 4	Good = 3	Fair = 2	Poor = 1	Haven't Used = N/A	Don't Know = DK
Ambulance services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Cancer care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Clinical services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Emergency room	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Extended care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Laboratory	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Physical therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Sleep center	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Telemedicine	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK

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

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

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

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

- ☐ Yes    ☐ No    ☐ Not applicable, I don't take medications

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

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="radio"/> Agricultural Corp. paid | <input type="radio"/> Medicaid                       | <input type="radio"/> State/other |
| <input type="radio"/> Employer-sponsored      | <input type="radio"/> Medicare                       | <input type="radio"/> VA/Military |
| <input type="radio"/> Health Savings Account  | <input type="radio"/> Migrant Council                | <input type="radio"/> Other _____ |
| <input type="radio"/> Healthy MT Kids/CHIP    | <input type="radio"/> None/I pay out of pocket       |                                   |
| <input type="radio"/> Indian Health Service   | <input type="radio"/> Private insurance/private plan |                                   |

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

- ☐ Excellent    ☐ Good    ☐ Fair    ☐ Poor

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

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

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

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

**Demographics**

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

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

- |                                      |  |
|--------------------------------------|--|
| <input type="radio"/> 59270 Sidney   | <input type="radio"/> 59243 Lambert        |
| <input type="radio"/> 59262 Savage   | <input type="radio"/> 58838 Cartwright, ND |
| <input type="radio"/> 59221 Fairview | <input type="radio"/> 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?

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

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

**THANK YOU VERY MUCH FOR YOUR TIME**

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

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

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

- Poverty
- Too many choices here

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

- Offer teenagers a place to go
- Affordable health care
- Affordable groceries
- Too many choices here
- [Poor air/water quality] Fairview

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

- Health fair
- Employee of the hospital (5)
- Work at Sidney Health Center (2)
- Grew up here
- Member of the crisis team

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

- Health fair
- Only have lived here a year
- Reflexologist
- None (4)
- Saturday clinic
- Massage therapist (2)

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

- Lower rates/prices (2)
- Cost containment
- More reasonable medical fees & billing/pay options
- More help and options for the uninsured
- Financial assistance
- Better organization in the billing office. I was turned in to a collection agency before ever receiving a bill or before insurance had paid/denied
- Availability of dialysis
- Better fitness center, longer hours, same outdoor facilities
- [Interpreter service] Current oil boom



**9. If Sidney were to provide educational classes/programs to the community, which would you be most interested in taking?**

- Obtaining quality, organic products, food, supplements, and other limited healthy foods in this area. Produce is marginal, etc. You have to travel to Williston for fresh fruits and vegetables

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

- I checked in and waited for three hours in the ER and still did not see a doctor so I walked out
- Hadn't met our deductible yet
- Too busy
- Lack of privacy
- Doctor was unconcerned
- My last two doctors are gone now
- Both the walk-in clinic & the MonDak Clinic are closed on Wednesdays
- Most doctors are private practice. They don't accept Medicaid and they refuse chronic pain patients
- Have to travel to Williston, ND
- MRI unavailable in Sidney
- Go to Mercy (in Williston) because they are faster, have more experience, and it costs less money
- [Office was not open when I could go] Had to use the ER

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

- [Routine health checkup] Yearly
- CBC (Complete Blood Count)
- None
- Fitness center
- Work does lab work
- Pain management

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

- Nutritionist
- None (2)
- Doctor who specializes in weight loss
- Midwife
- Urology
- Neurologist
- [Dermatology] Maybe if I could afford it!

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

- [Sidney] years ago
- Circle
- Grand Junction, CO
- Out of state
- Kansas City, MO

- Bismarck, ND
- [Williston, ND] Kidney stone so I had to see a urologist

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

- Specialty care
- None
- Location
- It's what's available to me
- Dr. Bergin
- Better doctors
- More options, less hassle
- Don't have to wait as long to see someone

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

- Circle (3)
- Miles City (2)
- Hardin
- Billings (3)

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

- Family doctor
- History with the doctor (2)
- She was female
- More options. All Sidney wants to do is hospitalize you
- The only OB/GYN
- None
- Ruled out other doctors
- Recommended by Registered Nurse (RN)
- Privacy
- In Plentywood
- Only doctor taking new patients
- I like their walk-in service hours
- They show they are concerned and actually care

**20. What is the average length of time to schedule an appointment with your primary care provider?**

- [1-3 Days] If not on day-off or on vacation
- [1-3 Days] OR same-day in Plentywood
- 45+ Days
- Did not have a primary care provider. They let go of my provider. Without a primary care provider there is a 6 week waiting period

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

- Reflexologist
- Nurse Practitioner
- Family Practice
- Naturopath
- Reconstructive surgery
- Vascular Surgeon
- Vascular
- Vocational Rehab
- Oral surgeon
- Pain management
- [ENT (Ear Nose Throat)] Two years ago, I had to go to Williston to see an ENT. Sidney couldn't see me. The ENT at Sidney did my surgery 6 years before

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

- Mayo Clinic (2)
- Minot, ND (2)
- [Williston, ND] Eye Cataract Surgery
- Dickenson, ND (3)
- Florida
- Arizona
- South Dakota
- Miles City (2)
- Missoula
- Rapid City, SD (3)
- Denver, CO
- WA State
- Circle
- Great Falls
- Fairview
- Glendive (4)
- Grand Junction, CO
- Various locations
- Kansas City, MO

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

- [No physical activity] Walking in house
- I work

**28. What type of medical insurance covers a majority of your household's medical expenses?**

- Blue Cross/Blue Shield (3)
- Federal
- Major medical

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

- Never use it
- [Poor] \$10,000 deductible

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

- N/A (3)
- On worker's comp, cannot afford insurance
- Have it, high deductible, major medical only

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

- Yes, we have to pay for it

**32. Where do you currently live, by zip code?**

- Circle (59215)
- Billings (59102)
- Tioga, ND (58852)

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

- Social Security Death Index (SSDI) (2)
- Volunteer
- Worker's comp
- Ranch/Housekeep "Domestic Goddess!"
- Stay-at-home-mom
- Disabled
- Homemaker (2)
- I am a stay-at-home-mom; my husband works full time
- I have a part-time second job too on top of a full-time job

**Additional Comments:**

- Keep the gas tickets and pay my way

## Appendix F- Focus Group Questions

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

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

## Appendix G- Focus Group Notes

### Focus Group #1

Thursday, February 28, 2013 – 9am-10am – Sidney Health Center Conference Room – Sidney, MT  
9 people (4 male, 5 female)

1. What would make this community a healthier place to live?
  - Not enough doctors. Have to wait for appointments. Doctors keep leaving; it is hard to keep them here.
  - There's no housing. It's a major issue. It's difficult for people who work in the facility to pay to live here. I pay \$800 for a single person. What do people do when they have to pay \$2,000 a month? It costs \$226,000 to buy a house, minimum. You can't expect to find a place to live if you want to work here.
  - How do you get the community to be healthier? Availability.
  - No safety concerns.
    - Safety in facilities is absolutely great. We just need someone to work and take care of the people.
  - They have HealthWorks gym available.
  - Kids have a lot of opportunities. Kids are active all year-round. In reference to safety, I am just much more aware and don't let my kids go from point A to point B as much as I used to. There's hockey, basketball, and we're all more conscious of safety now.
  - As retired people, if you want to do something there is plenty to do. It is nice to get out of town every once in a while but there is always something to do here. We're not living in New York, let's improve our community. If I have a doctor it doesn't bother me to write a check to the Foundation to benefit the hospital but if I can't even get an appointment with a consistent doctor then I am less willing to donate.
  - Our healthcare and our facility are the most important things we have. I'd like to see some more improvements in extended care.
    - The hospital is meeting on that now.
    - It's a tough one.
    - It still boils down to environmental issues like supplying places to live.
2. What do you think are the most important local health care issues?
  - Sidney needs more daycares. We can't expect people to spend most of their paycheck on daycare.
  - My wife and I have gone through a daycare plan. If you're a single mom and trying to be a CPA, LPN, or RN, the daycare hours do not line up with nursing shifts. If the hospital had daycare that lined up with shifts, then it would benefit families. You could work two shifts, for people to work that daycare in 8-hour shifts. Maybe pay \$1 an hour. It would be great to have a daycare with the hospital to bring kids even for one day a week. I think that would be a huge push for retention of hospital employees.
  - If the hospital is looking at the next building project, they should build an apartment complex with a daycare attached. That is how you will get people to come work in Sidney. If you bring a new doctor in, old doctors said to my face that they would chase the new doctors out in one month.
  - One doctor is an internal issue. And he/she is still here.

- We can't all go to one doctor. If we all got sick today and tried to get in tomorrow, what would we do?
- Doctors refusing to see people that are on Medicare is a problem.
- My family goes to a doctor out of town because the coverage in North Dakota for Blue Cross Blue Shield is better there than how it is covered in Montana.
- I went to Williston for my heart. Now my insurance won't cover any of that.
- My dentist in North Dakota won't take Montana Medicaid.
- I have a sister whose health is getting worse. If she's in extended care in Glendive or Culbertson, that won't be fun. She has never lived outside of Sidney in her whole life.
- I've worked in this facility for twenty-seven years and think it's a good facility. They have pretty good doctors but you can't keep the doctors here and patients can't get in for an appointment. The hospital's advertisement on TV says you can call for an appointment and get in, but there's a six-week wait. The hospital is refusing to take new doctors. It's hard to get into a doctor and you wait six weeks. When working with older people, they may be dead in six weeks by the time they get in for an appointment.
- I don't want my family to go out of town for doctor visits. But there are no doctors here.
- My doctor is leaving on March 8<sup>th</sup> this year. These doctors are worked to death. Dr. Council is amazing. How long can he keep up that pace of being here all the time though?
- We run doctors ragged when we finally get them here.

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

Quality of Care

- I've only ever had positive experiences. We haven't been to the hospital very much.
- I've had outpatient care and they've been very good.
- Very good place to go.
- Quality has never been a question. It goes back to how the public knows about it. Something needs to be done to correct availability and why doctors don't stay in Sidney.
- I'd say the quality of care is very high if you can get it.

Number of Services

- It's not bad for the size of community that we are.
- I think it's great, lots of services, very good.

Hospital Staff

- The staff was really good.
- Basically very good.
- Very helpful and goes out of their way to help.
- I work at the health department and my connection is setting patients up with a provider. I think the providers are amazing and very accommodating. They bend over backwards for their patients. I work with three providers; I have all good things to say.
- Very wonderful.

- What can the public do to help the hospital? Is there anything the public could do to convince doctors to come here?
  - Does the hospital conduct exit interviews with doctors that are leaving to ask why they are leaving and where they are going?
    - I hear rumors about why doctors leave.
    - Exit interviews don't do a lot of good if they are done by doctors or staff. Exit interviews should be done by a public group. That way the community would know the truth instead of hearing rumors. Get straightforward feedback for the hospital in that way.

#### Hospital Board and Leadership

- I have no idea what the Board does.
  - I'm not sure either, but the Board should step up to find out what is going on. Maybe not do as much with administration but do more with community members to find what is going wrong.
- I know who is on the Board but have never had to talk with them about any issues.
- I was getting my taxes done and a lady really talked down the facility here. I couldn't honestly believe some of the things she was saying about the administration.
- Unless you've been on a Board, you don't know. You're working full-time jobs and then only have so many hours in the day to volunteer time for tough jobs.
- The Board members are intelligent people.
- A lot of the same people are on many boards.
  - People won't usually step up to be on a board so it tends to be the same people.
- I don't remember who is on our board.
- Volunteering on a board is a time issue.
- Serving on a board was so hard. I don't think I'll ever do it again.
- Once we retire, people don't think we know anything. Sometimes you should not be on a board if you have kids at home. Have older people serve on boards that have more time to commit.

#### Business Office

- I think the business office has been very helpful. I've never had any trouble with the business office in all the times I've been here.
- Billing does get confusing about how it works. It all works out eventually though.
  - Confusing. Medicare pays this, supplement pays this, you owe this, you don't owe this...
- They have one thing listed and it says an amount, it never adds up to make any sense.
- I once received a refund check just about two years later.
- Our billing is a problem but it is just as good here as anywhere else.
- When my refund check came I had to call to find out what it was from because it took so long to receive it.
- Billing needs more explanation.

#### Condition of Facility and Equipment

- Excellent.
- Beautiful.



- We are very proud of our facility and our hospital but we need to have a doctor here to keep people engaged in writing checks to the Foundation.

#### Financial Health of the Hospital

- Haven't looked at financial standing since the hospital's last annual meeting.
- The only thing we know is what we're told. A lot of emails have been coming out about how people use false addresses and names then walk out without paying for bills. Now, you have to make copays right away. That's hard for some families to come up with those funds but it's because people are coming in and getting care without paying.

#### Cost

- Everything is high.
- We live in a bubble right now. Costs of absolutely everything are high and ridiculous in this area.
- I went to a cardiologist in Billings and it was three times cheaper than in Sidney.
- I don't even think about going anywhere else besides in Sidney. I have seen people post on Facebook that Billings is cheaper.
  - Why are we more expensive than Billings?
- Williston covers so much more for insurance. My son had a broken bone. In Sidney, they would've x-rayed it each time we came in and charged us each time. In Williston, I wasn't charged for x-rays every time we went in. The whole cost thing is what kills us. If anything major happens to my family we're crossing the border to North Dakota.
- Doctors live in fear of being sued for not doing what they're supposed to do.
  - It is the only profession that requires perfection.
- I don't know how they can prevent bad debt. In Billings, there isn't the issue of people not having addresses and not paying. I don't know how they will stop it.
  - Williston has that problem too. I think cost in Sidney is comparable to Williston.
- Could be due to the Catholic health initiative. They can lose money in one place and make up for it somewhere else.

#### Office/Clinic Staff

- They're awesome.
- Many office staff has assistants to help them do their work. There is more of a need for staff in the Nursing Home to be able to admit more people. I just don't understand how the workload is that bad to need office assistants.

#### Availability

- We have a problem keeping doctors here. We get doctors here and get setup with them and we have appointments with them then suddenly they're gone. We need to retain doctors.
- General unavailability. You're going to wait in line for a while.
  - Sometimes you wait a long time.
- If you can't get into Saturday clinic, there's about a month and a half wait. Of course now they have expanded Saturday hours.

- There are some night hours available and some weekend hours.
  - Generally speaking, I think you could get in to an appointment that week.
  - As you develop a relationship with a doctor then they're gone, there's quite a large turnover.
  - I think we really need to keep doctors we trust and have relationships with. It seems that every time I go to a doctor I'm going for a first appointment. I'd like one that I could depend on to be with for a long-term relationship with a provider.
    - Turnover of doctors takes a lot of business and a lot of people out of town.
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- We have to use the local facility.
  - There is no competition.
  - You can only go places with Montana Health Network on our insurance that is provided by the facility.
  - Quality of care.
  - I trust them.
  - Nursing staff is phenomenal.
  - Great doctors and great people; just need more of them.
  - Have too many practitioners versus the doctors. We have people to back them up but now we don't have enough doctors. Too many workers per doctor.
  - I get tired of paying for a doctor and seeing a practitioner. There has to be some difference. You can't get in to see the doctor. I don't want to see the practitioner. We need doctors not all practitioners.
    - See, I like the practitioners.
    - Sometimes I think practitioners know more than doctors do.
    - Practitioners have no admitting rights though. You can never fall back on that practitioner. If you see a Nurse Practitioner, they can't do anything about admissions. Then you question what the doctor was thinking when the Billings specialist is wondering what they were doing.
    - Case by case basis is completely different.
5. What do you think about these local services:
- Emergency Room
- Haven't been there.
  - Awfully busy.
  - I broke my leg out of town and called the doctor and she said she didn't have time to see me, go to the ER. Instead, I could've been her last patient of the day so I wouldn't have had to pay the high emergency prices.
  - I've heard all the stories of the shortage of ER services. Would I pay a little more to make sure there is an ER doctor available? Is that primary care to the public?
  - If you have a serious problem, ER staff prioritizes and gets serious cases service before minor cases like nose bleeds.
  - Very dedicated staff.
  - We have an issue with doctors specifically not wanting to be on ER duty. We do need doctors that are willing to work in the ER.

- The doctor that is leaving was an ER doctor. There was an issue with always working in the ER and that is part of why she's leaving.
- Would you be willing to pay one dollar more per visit to pay for a fulltime ER doctor?
  - Maybe the question now is whether it is cost-effective to have a fulltime ER doctor. Maybe hospital administration says that cost is prohibitive.
  - You would make other doctors really happy if they could be fulltime and not have to work in the ER. That may be an attraction to get doctors to come to Sidney.
- What happens to the rest of your patients that were supposed to have appointments because Dr. Council had to be in the ER? Dr. Council tries to be accommodating.
- I would recommend hiring a fulltime ER doctor.
- If finances are prohibiting hiring a fulltime ER doctor, go to the public with it. Propose a \$0.50 or \$1 increase per visit to help pay a salary.
  - May be a deal for the Foundation to work on.
  - Check flow (donating to the hospital Foundation) is easier if you receive care.

#### Ambulance Service

- Sometimes there are instances that all ambulances are out on calls and no one can respond to a new call.
  - We have two ambulances. If both are out, Fairview or Savage is called to back us up. I'm not aware of a time of not having any backup.
- I've never had service as good as what the ambulance gives. They were excellent. My call was at 6:30 in the morning and the ambulance was there within minutes. I couldn't believe how quickly they respond!
- Ambulance quality is very high plus they are volunteer.
- Depends on what you call volunteer. They are compensated for some time so it isn't entirely volunteer. I went into it thinking it was volunteer and was surprised to get a paycheck.
- The ambulance is very busy here.

#### Health Care Services for Senior Citizens

- I have no experience or understanding of the services for senior citizens.
- Having a sister that is on Medicaid, I think she gets excellent healthcare. But her doctor is leaving and not everyone wants to take Medicaid people. I worry about my sister getting care.
- There is a big issue with Medicare/Medicaid with doctors right now. Trying to work the issue out. When will it be resolved?
- Some doctors don't want to take on new patients.

#### Public/County Health Department

- I was really pleased about how quickly I got my flu shot.
- I do like how they transfer record keeping between county health and practitioners at Sidney Health Center.

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

- Difficult to get Medicaid accepted by doctors. Just starting to affect us now.
- No one really knows what healthcare is. I don't know what changes came with Obama Care (Affordable Care Act). That's very hard for the hospital with all the rules and regulations; it is difficult to keep up. Healthcare is changing. I haven't really needed healthcare so ignorance is bliss.
- They change rules/regulations all the time.

#### Nursing Home/Assisted Living Facility

- The Lodge assisted living facility is pretty full right now.
- They are closing a wing of the nursing home. Census of the Nursing Home was 90-some beds ten years ago and now it has dropped to 50-some. All because of staff shortage.
  - The Nursing Home takes the paying people, not the Medicaid people.
  - One guy can't get into extended care here but can get in to Glendive.
  - The Nursing Home always takes people that are already in the hospital first.
  - Staffing is a serious situation.
  - Until we get housing, we won't get workers.
  - Staffing is always a challenge.
  - People that live in neighboring towns may as well work in the Nursing Home in other towns than coming here.
  - We have lost people in this facility because of the high rent price situation. Everything costs a lot.
  - I'm just waiting for the day that my landlord raises my rent to \$1,000 a month and I don't know if I'll stay in Sidney or not.

#### Pharmacy

- I've never had any trouble.
- I think they're fine.

#### 6. Why might people leave the community for healthcare?

- Cost.
- Availability of doctors.
- Have to go to Billings for specialists.
- If you're pregnant, depending on the month you're due, you may have to go somewhere else to deliver. She (Dr. Twigg) will only deliver a certain number of babies per month. She will see twenty people due in a month.
- Twenty babies due in one month is a lot for a doctor.
- I think we need another doctor that would take care of other deliveries.
  - They were recruiting for another doctor at one time, but I don't know now.
  - There are not enough babies being born to hire another doctor.

7. What other healthcare services are needed in the community?
- Dental and dental hygienist. The reason I can't get in more than once a year to the dentist is because the availability is a challenge.
  - We really do need a specialist for shoulders. They don't do it here anymore. I know plenty of people that go to Billings to get their shoulder redone. Shoulders are more prominent than people breaking legs. We need an Orthopedic Surgeon.
  - Losing another eye doctor.
  - There will be a lot of turnover in the next five years. It is Sidney. That's where we're at with a lot of professions. Shortage is the issue.
  - A lot of people don't like to live here. They don't like to live in flat land. We visit our son in Libby and people there hate this area.
    - Yet, unemployment is at 17% in Libby and only like 3% here in Sidney.

## **Focus Group #2**

Thursday, February 28, 2013 – 12pm-1:00pm – Sidney Health Center Conference Room – Sidney, MT

7 people (2 male, 5 female)

1. What would make this community a healthier place to live?
  - More indoor activity areas since we have six months where weather isn't good enough to be outdoors.
    - Indoor pool.
    - Currently, people are not overusing the facility (HealthWorks) downstairs.
    - There are opportunities at the school for indoor walking.
    - Facility needs to be family friendly; HealthWorks is not family friendly.
      - Not an appealing place. I go down there and wonder why I'm there... a lot like a dungeon.
      - Where do you even park?
  - It is hard for new people in the community to see what is available. They need someone to tell them what to do and where to go.
  - There are tons of opportunities available to be physically active seven days a week. But it is hard to know where to go and who to contact. That could be done better. The community needs a focus on wellness.
    - Some events are held but aren't well-publicized until the week of the activity. For example, they publicize 5k races the week before they are held and people who would like to participate don't have time to train. Put a challenge out there to involve community members and businesses. You want to draw up support for events. How could we create this event so you would want to participate?
  - Concerns about safety.
    - Have to be aware of safety.
    - Since Sherry Arnold disappeared, we see very few females jogging by themselves.
      - I agree.
    - I don't think you could really make it more secure though.
      - Currently working on a walking path.
      - Could provide better lighting.
2. What do you think are the most important local health care issues?
  - Lack of providers
    - That's the big one.
    - The providers that we do have are unavailable due to the number of patients they see.
    - Finding providers on Friday is impossible. Doctors don't have hours on Fridays.
      - Not just an issue with Sidney Health Center.
      - Eye care will be critical when the hospital is down to one provider.
      - The dentist may retire soon due to their age.

- Continuity of care. We cycle through providers. We have had numerous providers come then leave within five years. It is difficult because people want to have a relationship with their provider.

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

#### Quality of Care

- I think quality of care is good for the providers that we have.
  - As a specific example, my husband received a hip replacement. I was impressed with the care and attention he got from pre-op to post-op. I'm telling everyone they can stay here in Sidney for great care.
- Some people absolutely hate Sidney Health Center and I don't know why.
- Scheduled care is very good. Care within the facility is good. I think emergency care needs improvement. My mom had pain so they scheduled a CT scan then sent her home. When the pain didn't go away after several days she visited her primary care provider who examined her CT with contrast and she was immediately admitted with a life-threatening issue in her colon. It should've been caught four days prior. She should've been more stubborn when it didn't get better. It is frustrating and is just one example of several I hear from other people.
- It's hard to get providers that want to do emergency care because of the lousy hours.
- I had a similar deal. On Christmas Eve I went in with an eye infection and couldn't get care because everyone was gone. I permanently lost vision in my eye. It was a terrible experience. It should've been caught. There was no one in the office to follow-up.
- The new walk-in clinic should help prevent some of those bad experiences.
  - Have you been in the walk-in clinic?

#### Number of Services

- We're pretty fortunate and have an audiologist, cancer center, and podiatry.
- We send a lot of orthopedics-related cases out of town for broken legs and hips. Most are sent to Billings. These are emergent cases, not scheduled appointments.
- Having a dermatologist in Sidney would help. A lot of people go out of town for dermatology even if that means travelling once a month.

#### Hospital Staff

- The people I've interacted with are great. Very on top of it. I don't question their competency.
- I have one complaint about competency. I brought my son in when he was sick and had to ask the doctor to check his ears. I thought that should've been a given. I see problems with competency more with my son. Personally, I have had good care.
- Travelling doctors in the ER are not attached with our community so there is not the same value as if they lived here.

#### Hospital Board and Leadership

- It is not well known that there is a Board. Most people are aware of the administration and think it stops there which is ultimately problematic. The Board is out of the loop. The Board doesn't think they are getting the full picture.

- I worked with someone on the Board and they are so glad to be off the Board because they got so many calls at home.
  - Those who need to get in contact with Board members can.
- Who is the Board chairman?
  - No one knows.
- Not aware of the Board.
- The view in the public is that administration doesn't interact well. Community members think they're involved in things they shouldn't be like putting pressure on school-related things.

#### Business Office

- Billing is a disaster. If my company billed like that we'd have no customers.
- Absolutely awful. I received what looked like a collection letter. There was never a bill from the hospital showing an amount to pay first; just a collection letter that came from Colorado.
- The hospital has outsourced a portion of their billing. They have experimented with in-house collections. My wife was a patient financial counselor. Then they started training her to be a collection specialist. She never wanted to do collections and left the position.
- Billing is so crazy. You get one bill that says one thing and one that says another. There will always be people who try to get out of bills. But then there are people who are baffled about who to pay: the hospital or the company that says they're collecting on behalf of Sidney Health Center. That sounds like fraud to me. I wouldn't send them the check.
- They are outsourcing billing.
- Billing is frustrating for staff so they leave jobs they don't want to do.
- I'm talking about good bill-payers that have had absolutely horrible experiences. I know one person was turned over to collections for \$24. This person pays on a regular basis. They are not trying to take advantage; they have private-pay insurance.
- I'm a banker and a number of people need loans because the hospital is not willing to setup a payment plan.
  - Sidney Health Center will give you twelve months to pay. It doesn't matter what your balance is. If you have surgery for \$45,000 and you don't pay the balance in twelve months, they tell you to go to the bank for a loan.
    - Not an unreasonable statement. The hospital doesn't want to be a bank.
- Because Sidney Health Center is a nonprofit, a certain number of bills are forgiven. No one uses this resource in the right way. It has to be considered bad debt instead of a donation and is called "charity care." They need to figure out how to identify the charity care people and avoid these big problems. Give tools to the right people to utilize the service if they qualify.
- The hospital can't be a savings account and give loans. But they don't have anyone to help patients through the payment process. That's the real issue.
- Even when it is not that large of a dollar amount, people are given notice ten days before collection. That's tough. People don't plan for emergency medical situations.
- Won't setup payment over a year. You don't get the bill for months then get a collection notice. It's too late, either pay or go to collections.



#### Condition of Facility and Equipment

- Phenomenal.
  - Except for OB [obstetrics].
    - OB has not been updated yet but is next on the list. It has tiny rooms and there are not enough rooms.
- We are very fortunate to have this facility for the size of the community.

#### Financial Health of the Hospital

- Could be better. The Nursing Home is not holding its weight. It needs different business plans for parts of it and extended care is one of them.

#### Cost

- Cost is high like everywhere in town.
- Ridiculous. If you even get an accurate picture of what you're even paying for.
- If you have something done, they should send you a list of what they did before sending it to the insurance company. In one instance, my insurance paid for what I had done, then I got a statement saying what was done and it didn't match what I had done. My insurance paid for something I didn't even have done. Insurance wasn't going to fight over \$475... I would.
- I want a detailed bill, not just coding.
  - Just an industry thing.
  - Should get a list of everything.
- In Anchorage, Alaska you get a list of what it is expected to cost you. You don't know until you get your insurance statement later. Why is there a difference between balances?
- I don't receive anything. It all goes straight to insurance.
- Some services are more expensive here than in Billings. The hospital could have some control, yes. But some services will be more expensive because we're servicing a smaller population. I don't mind we pay more because it's nice to have local services; period.
- People have to make a decision. Do you want services here and pay more for them or travel to get services to pay less?
- You have to dig to find out comparative costs.
- I needed an MRI on my knee. I wasn't even given an option. I was told to go to Williston rather than using the portable MRI here. They were basically telling me to spend my money elsewhere.

#### Office/Clinic Staff

- Very helpful, courteous.
- Very professional.
- Receptionists do the best they can. Oftentimes, with primary care providers, even if it's serious, you'll be told "we'll see you in three weeks." What you do is talk to a nurse who can get you in when receptionists can't. It would be helpful if receptionists could say "how about you talk to the nurse."
  - Figure out the magic words to get to the right people.
  - I feel sorry for new people coming in that don't know the tricks.

#### Availability

- It's a problem.
- Lack of providers.
- Why do you think there is a lack of providers?
  - This is a hard place to live if you haven't grown up here.
  - Sidney is a rural place. We don't offer amenities like Billings or Denver. Not as appealing to people looking to work somewhere.
  - Cost of living is higher here for everything like groceries and rent.
  - It is hard to find housing for these people coming in to live here. They are used to quality housing that is affordable and they don't find that here.

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

- Convenience.
- My doctor here is phenomenal. Once, he called us at home and said my daughter was in the walk-in clinic and was treated for strep. He asked if she needed follow-up.
- I'm a small town shopper. I know them by name.
- The clinic could be more involved in the community. Take tickets at a football game. Getting involved in Foundation events. You see hospital staff at the Wine & Food Festival and golf tourney and that's it. Own a day at the fair. They need to let people know they're here.
- Some people in the northern part of the county have bad feelings towards Sidney Health Center for some reason and go to Williston.
- Sidney is a very difficult community to be a new person in. I'm relatively new and people see me and don't recognize me. It is clear that I didn't grow up here. I imagine that is probably due to the population explosion with the oil. There are characters moving here that are less than savory and are judged automatically.
  - Sidney is a tough town to come into. I moved here six years ago.
  - Oil has been going on since then. That is a change.
- I think it would be difficult to feel welcomed as a new doctor. You get weird looks because people don't recognize you. It is a rough place to come into. I've been here three years now. Just saying, people might try smiling or saying hi. That may keep people around longer.

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

##### Emergency Room

- There has been an increase of emergency care utilized by eight times and yet there is the same number of providers. Volume is fluxed. There are more accidents happening which is putting pressure on local providers.
- A lot of people don't use the facility correctly. They use the ER when they can't get an appointment and that puts strain on the ambulance and ER. They do it often. Plus, it is very difficult to find people to work on the ambulance and in the ER. The ambulance is completely volunteer and short-staffed. No one really wants to do it. It is difficult to get volunteers. It is frustrating because there is no way to improve it.

### Ambulance Service

- The ambulance service does a phenomenal job. I don't know if you can get them into paid positions.
- We do as well as we can with who we have. We maybe have six people who take calls during the day. If you are on call, you have to respond to emergencies. You must be committed. You have to have three responders all the time. You have to be six minutes away from the hospital for one week. It's hard to do with little kids at home. You have to have daycare for kids.
- We've offered 6-8 classes for people to start. They take the class then don't follow-through with it. It scares me that the ambulance could get calls and can't go out because there are not enough people on the service.
- The amount of traumatic events has gone way up. Stress on the ambulance crew is higher.
- Six years ago there were 400 calls for the ambulance a year. Now, there are 1,200 calls a year. That's three or four calls a day. There are less volunteers than six years ago too. There are fatalities all the time. People are just numb to it. You used to see six to ten fatalities a year maybe.
- Training is not offered as much as it should be for traumatic events since it is just volunteer.
- Traumatic counseling is offered.
  - I thought the counseling was worse than the actual traumatic event.

### Health Care Services for Senior Citizens

- The rates are so different. Medicaid rates are set and are lower than the cost to provide their service. Salaries and money for the facility takes a loss which affects everything to provide care. You can only skimp so much. The rates are not adequate to meet needs of Medicare.
- We are fortunate they even see Medicare and Medicaid patients.
- The cost of living is high and is not affordable on a \$10 per hour CNA position. Nurses train here and then leave where pay is higher or living is more affordable.
  - What is there to keep them here? They could make that same amount somewhere else and spend less money on living.

### Public/County Health Department

- The health department is very proactive. They do as many things as they can with the staff they have. Extremely stretched.
- Great grant writing to provide additional services.
- Only thing I deal with is children's shots. The health department is wonderful and will send you reminders and talk to you on the street.

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

- Pretty much all doctors take Medicaid.
- Low income doesn't get treated any differently.
- Tend to use the ER too much.
  - Unfortunately, quite often, low income may use the ER more. There is a recent policy where an insurance copay is not indicated and/or private payers must

pay \$30 upfront for a doctor visit. If they go to the ER instead, they don't need \$30 upfront. Even though they pay more eventually through the ER, some may not have \$30 on them when they need care.

- The hospital knows that will happen. They know they'll collect some. It's from a business standpoint.
- The ones that pay the \$30 are the ones that would pay the bill anyway.

#### Nursing Home/Assisted Living Facility

- Extended care is in trouble and needs to be addressed. The Nursing Home holds ninety-people and has forty-five there. It is at half capacity due to staffing problems; due to Medicaid patients too. We need to do something. It is sad that older people have to go out of their community for extended care.
- They are talking about closing Manor assisted living. The administrator just quit and they can't keep people working. Not good. Talking about it. Just in our area, four or five facilities have closed. Changed philosophy of where to go with the elderly.

#### Pharmacy

- Good.
- I always get the right medications.
- There is concern from the pharmacy about the ability to continue serving Medicare patients because of paperwork requirements. They don't want to turn anyone away. It will be a matter of trying to find a way to fulfill paperwork requirements so each person doesn't have to fill out paperwork each time they fill the prescription.
- All pharmacists do their job.

#### 6. Why might people leave the community for healthcare?

- Unavailability.
- Having a bad experience or hearing about other people's bad experiences.
- Bad reputations
  - Williston and Glendive are no better.
  - Many Sidney people go to Williston and Williston people come to Sidney.
- Specific events may need higher levels of care.
- Preferred providers changed because of insurance. Some people have to go to Williston just for their insurance.
- Anonymity for personal or sensitive issues.
- The hospital is not seen as a community partner right now. That could use improvement.
- Prior to the expansion of the walk-in clinic, community members would leave town for care to get care sooner so they could get back to work sooner. It cost \$330 per person for a strep throat test in Culbertson. It would've cost less to see our own doctor in Sidney but our doctor couldn't see us.
- People leave for short notice illness. They get upset if their kid is sick and the walk-in clinic is closed on Wednesdays.
- Is there space for adding providers?
  - They probably have room in the extended care.

- Currently, the area is unfinished. There is no money to finish it. The space could house seven to eight providers.
- Infrastructure is an issue.
- The Medical Arts building feels sickly.
  - It is a marginal space.
  - It has out-used its usefulness.
  - It was supposed to be torn down by now.

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

- Dermatology.
- Another orthopedic surgeon.
- Neurologist.
- Just more primary care.
- Internal medicine.
  - We only have two internists right now.
  - There was a time in Sidney where most primary providers were internists but now they're mostly family practice. Internists expect more amount of pay. When you have surgical care in a rural place, a majority of surgeons want you to do follow-up with an internist. They need to consider having more providers being internists. That would be a plus.
- One or more OBGYNs.
- Sidney Health Center has the opportunity to take on wellness for the community. Planning of events. Promotion of nutrition and healthy living. Make that something they own. The hospital services you when you're sick, they could take a stance to prevent you from getting sick as well.
- Fantastic equipment in HealthWorks gym but it's in a basement. Missing some staff. More classes would be nice.
  - They do not advertise classes a lot.
  - The new class schedule for January wasn't even finalized until February this year. There could be some improvements.

### **Focus Group #3**

Thursday, February 28, 2013 – 4:30pm-5:30pm – Sidney Health Center Conference Room – Sidney, MT

6 people (2 male, 4 female)

1. What would make this community a healthier place to live?
  - We have very good facilities here.
  - It would be great if we had a bigger community recreational facility, kind of like HealthWorks. There aren't enough basketball courts when it comes to tournaments.
    - A lot of people do utilize the health center.
  - They're working on finishing walking paths within the community. When you are in Colorado there are just tons of places to go and walk. If you're thinking about wellness, that would be beneficial.
  - Money is available to extend the walking paths.
2. What do you think are the most important local health care issues?
  - Obesity is a huge issue.
    - Childhood obesity.
      - We get letters or medical notes to excuse students from exercises for kids that don't like exercise until further notice.
      - Is it a legal issue?
      - The PE teacher is sick of it.
      - What happens is the doctor is too busy to see the student so they excuse them until they have time to examine the child. But the kids are just being lazy.
      - School officials would like more specific instructions or the opportunity to collaborate with medical professionals involving medical excuses for kids. Give dates and timelines or alternative activities that the students could do rather than being completely inactive.
    - The hospital used to sponsor weightwatchers
  - Drug and alcohol is a big issue. More alcohol now.
  - There is an influx of workers.
  - Drugs are pretty prevalent too.
  - I have lived in Sidney for ten years now. I own a convenience store and I see how much alcohol goes out of it. I used to live in Plentywood and a lot of activities centered on alcohol.
    - We have a culture about alcohol for sure.
    - In the middle school, there is a parent café meeting setup to try to involve parents. They are working with Diana Spencer with drug and alcohol concerns. The meeting will be about "social hosting" which is where parents host meetings to serve their children alcohol in a "safe" setting. That meeting will address the consequences of that in school.
    - When the community provides activities for kids to do, drugs and alcohol are still present. There are always kids that have to ruin it for the other kids. You'd think we could have the movie theater without worrying about drugs and alcohol.

- Drugs and alcohol use is related to the larger issue of parenting. Kids that cause the biggest challenges in the community ruin it. Even dances hosted by the Catholic Church have had to kick kids out because of alcohol.
- Part of it is a cultural issue.

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

#### Quality of Care

- I haven't had a personal experience in the hospital but when my mother-in-law was in there a lot, they did a great job with her.
- No complaints about the testing I had done. Things were done well and I got in and out quickly.
- I have had many serious health problems. When it gets beyond a certain skill-set they send you on to a specialist. They are not afraid to admit it's beyond their abilities.
- People receive excellent care in this facility.
- They may ship patients out too quickly. But that is between the doctor and the patient.
- I've had knee surgery and hernia surgery and the quality of care has been perfect. We have Dr. Bergin who is one of the best. Dr. Youssef is the best too.
- Quality of care is great but you can never get in to see a doctor.
- I have been a cancer survivor for fourteen years and went through chemo in Sidney. I went to Williston for radiology. There is a cancer center here in Sidney and I am very pleased. People can do their chemo and don't have to sit in the ER waiting room with their suppressed immune systems.
- I had gallbladder surgery. Dr. Osborne did a fantastic job. Very pleased with her.

#### Number of Services

- Cancer Care Center.
- I have heard from people that Dr. Scordalakes was very well-liked. I hear good things about Dr. Twigg for OBGYN.
- I transferred to Patti (Patti Iverson, FNP) and am very comfortable with her.
- They have the facilities but not the staff.

#### Hospital Staff

- Hospital staff is dedicated to the work but having enough staff is hard.
- Some providers must be too busy. If you think about all the people they must see.
  - Providers just can't take any more patients.
- Very dedicated people, but they get tired much like everyone else.
- Just not enough hospital staff, but they're great.

#### Hospital Board and Leadership

- I wouldn't know much about the whole structure except I know someone on the Board. I don't know if the general community knows much. Maybe have an education piece or article in the paper to explain the Board's role.
- The Board must be progressive because we're on the cutting edge of healthcare.
- Upset with the doctor. Now the doctor is leaving.
- A lot of times the doctor comes in and leaves because of family.
  - The wife may not like living here even if the doctor likes it.

- I don't know if it's true that Dr. Klein is leaving because of administration. The hospital is limited on what they can say, then rumors get started.

#### Business Office

- Insurance and Medicare seem to be so complicated and challenging.
- The business office seems competent. Staff does a nice job. Billing seems very complicated.
- Dealing with insurance companies must be a tough thing to do.
- There was a discussion at the school. Apparently it is cheaper to pay the \$500,000 fine for not having all employees on insurance than it is to cover those that are not currently covered. Right now, 50% of staff is not covered by insurance.
  - The hospital is facing the same situation.
  - It is unaffordable to provide basic insurance for employees, not even high-catastrophe. Coverage has to provide a certain percentage. I don't know if there are certain numbers of employees before you have to provide coverage.
  - I feel bad for those that have to figure out all the rules and regulations.

#### Condition of Facility and Equipment

- Seems beautiful.
- We're very fortunate with a facility like this.
- The Cancer Center has all that great equipment.
- I have heard comments about needing dialysis but I don't know how strong that need would be.
  - Right now, you have to go to Williston for dialysis.

#### Financial Health of the Hospital

- Having the Foundation for community care and what they do for the fundraising end for that Cancer Center was phenomenal.
- Very generous donors.
- The Foundation is affiliated with the hospital.
- If we could afford to insure all those people, the hospital wouldn't lose so much money from people that don't pay bills.
- The amount of charity care that is provided is off the charts.
  - Or people come in and don't give the right addresses so they can't be tracked down to pay for services.
    - I heard a story about a student having appendicitis whose parents are untrustworthy for paying and the ER wouldn't see her unless they put money down.
    - If it's a nonprofit, they have to offer emergency care.
    - That story must have been a rumor probably.
- Seems like the hospital is doing pretty well under the circumstances.
- The annual meeting showed good financial standing.
- There were more candidates to serve on the board than there were positions so that is a good sign.



#### Cost

- I hate how expensive things are.
- I think it's more expensive in Poplar than to take someone to the ER here in Sidney.
- My ER bill was a couple hundred bucks.
- It is cheaper to get blood work done in Billings. I was justified to drive to Billings to get blood work done because of how my insurance works.
- When my blood work was done for my birthday, the follow-up cholesterol screening was so much more expensive. It is interesting to play that game to see how much you have to pay after it goes through insurance.

#### Office/Clinic Staff

- They have a good staff.
- Competent.
- I felt sorry for one worker one day. The poor office lady was calling to say they no longer would accept Medicare patients. I'm sure there was some reason they weren't accepting that. Poor office staff having to make those uncomfortable calls.

#### Availability

- Trying to get in to a doctor is difficult. There's not enough doctors available. I had to take my son in on Christmas Day and hardly anyone was working. The antibiotic didn't work so I took him to Poplar.
- Dr. Klein is leaving.
- We need more doctors, especially family practice providers.
- A lot of providers are specializing now. There are not as many GP's (General Practitioners) and they want to go work in a larger center rather than smaller community. It's difficult to bring doctors in here. They stay awhile and then they're gone.
  - That's not due to a lack of trying to get doctors here.
- The Walk-in clinic could be helping.
  - My coworkers said they weren't impressed with the walk-in clinic.
  - The walk-in clinic has only been open for the past month.
  - The Saturday clinic has been open awhile
- The Walk-in clinic is closed on Wednesdays.
  - They have hired a Nurse Practitioner, I think.
  - I don't even know where you would go to access the walk-in clinic.

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

- I did use a local provider, but now she's leaving. I adored Dr. Klein. Now we have no one. I moved here a couple years ago. I got into Dr. Klein right when I came. My daughter had bladder problems and Dr. Klein was always there to help.
- I like my doctor. If I didn't ever have to see him again, that'd be fine (laughs) but he's very competent.
- Unless I'm referred, I stay in town because of convenience.

5. What do you think about these local services:

Emergency Room

- I've had good experiences with the minor emergencies I've had.
- You can no longer call and ask a nurse a question. I'm disappointed you can no longer do that. I used to use it all the time when my children were very young, especially worrying with fevers and not wanting to bring them in unless it was serious.
  - That could go back to liability or suing the people giving advice without examining the patient.
- They were very helpful with my husband's gallbladder attack.

Ambulance Service

- Doing well. I think they have enough drivers and everything.
- Pretty well staffed.
- I had a good experience. Two years ago I fell asleep at the wheel and they had to cut me out of the car. They brought me to Sidney Health Center and I was able to walk out. I don't know how I survived since there was nothing left of that car.
- I brought my mother-in-law to the ER a number of times. They were good working with her.
- I don't have any concerns.

Health Care Services for Senior Citizens

- Regarding extended care, my mother-in-law was in there for two or three years. The care was not perfect but it was pretty good. After she got out she even said, "I was really glad I had to go there for a while. Now when I have to go back I know what a great place it is." She was more than willing to go back when she needed to.
- I'm pleased to have the facility, The Lodge. They're short-staffed. Their director is even cooking.
  - They need some more help.
  - Such a great place.
  - Between a rock and a hard place. They can't compete with oil money.
  - It goes back to affordable housing.
    - People would come live here if they could afford it.
    - Hopefully the relief helps. New teachers can't afford the new teacher housing.
    - The new apartments are \$1,800 a month. That's equal to a mortgage payment. You can't work a basic job and pay that rent.
    - Daycare is an issue. People could be working if there was daycare available. Employers may have to start providing daycare for their staff.
    - Rules for daycares have become so complicated; they don't want to be "licensed."
- Obama Care (Affordable Care Act) is going to change everything.
- You want people to have health insurance but can't provide it for everyone. It's an unsolvable problem.

#### Public/County Health Department

- The health department does a good job.
- I get my flu shots at the health department and it doesn't hurt.
- The health department offers a lot of good services.
- Underpaid and understaffed. The health department lost money from state legislation. I doubt they'll get that funding back this year.
  - Last year with whooping cough, those public health workers were working long days to do whatever they could to solve the problem. They were dedicated.
  - The health department gives flu shots to over 600 people.
- The health department gives sports physicals. It is a long process to get kids through that clinic. About a three-hour wait. It'd be faster to make an appointment with your own doctor.
  - I thought it'd be much quicker. In theory it was a good thing but personally, I won't do that again.
  - Dr. Fink runs the chiropractor business in the mall and does physicals for sports.

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

- Not discussed.

#### Nursing Home/Assisted Living Facility

- My dad is in the Nursing Home and the facility is better here than in Plentywood.
- The Nursing Home is short-staffed and that's created some issues with filling all the beds in the nursing home.

#### Pharmacy

- The pharmacy is wonderful.
- The insurance through the school has us use mail-order instead of going to the pharmacy, otherwise it won't be covered.
  - I feel strongly about supporting local, but now mail-order is kind of handy. I wonder how many other employers are like that and if mail-order is impacting the local pharmacy.
  - You can use phone or internet for mail-order. I feel bad I can't use the local pharmacy. That's for all school employees.
- They keep busy at the pharmacy.

#### 6. Why might people leave the community for healthcare?

- Everyone has a horror story. Those of us here today are happy, but you don't have to go far to find someone who had a bad experience and they think going somewhere else is better. Sidney goes to Williston. Williston goes to Sidney. Some of it is perception and some is based on bad experiences.
- If people can't get in right away for an appointment, they give up and go elsewhere.
- Obama Care is going to make it worse. I had to spend some time looking at how it's going to be.

- Sometimes people go elsewhere because they need a more specialized facility. If they go to Billings for specialist, they may choose to do all of their healthcare there since they're already there.
  - People go to dermatology in Billings. Even follow-up had to be done in Glendive.
7. What other healthcare services are needed in the community?
- Travelling doctors for dermatology would be nice once or twice a month.
  - Dermatology with skin cancers would be nice to have here instead of in Glendive.
  - Possibly cardiology. I don't know if we have a cardiologist come in or not.
  - Psychiatrist.
  - Mental health care is important for the county. Underpaid but an important issue.
    - Mental health is a big issue here.
    - Some facilities exist but not enough to handle the problem.
  - There is no inpatient drug treatment in Sidney. Williston closed theirs down too which is unfortunate. Maybe that's something for the future if our community continues to grow.
    - We have active AA (Alcoholics Anonymous) groups.
  - Dr. Scordalakes is a pediatrician and may be retiring soon... he's aging.
  - We soon will be losing Dr. Bergin, Dr. Ben-Youssef and Dr. Pierce. We have Dr. Scott as backup for Dr. Ben-Youssef.
    - Will need to recruit for replacements for those doctors who will be leaving.
    - Especially for surgeons and orthopedic doctors who have been here for a long time.
    - Those doctors are excellent and will be hard to replace.

## Appendix H – Secondary Data

### County Profile

Richland County  
Secondary Data Analysis  
July 23, 2012



**MONTANA**  
STATE UNIVERSITY

Office of Rural Health  
Area Health  
Education Center

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

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

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

\*Chronic Lower Respiratory Disease

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

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

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

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

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

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

Chronic Disease Hospitalization Rates	County	Montana
Stroke <sup>1</sup> Per 100,000 population	206.8	182.2
Diabetes <sup>1</sup> Per 100,000 population	165.6	115.4
Myocardial Infarction <sup>1</sup> Per 100,000 population	216.5	147.3

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

Demographic Measure (%)	County	Montana	Nation <sup>5,6</sup>
Population <sup>1</sup>	9,270	989,415	308,745,538
Population Density <sup>1</sup>	4.4	6.7	Not relevant
Age <sup>1</sup>	<5 6%	<5 6%	<5 7%
	18-64 61%	18-64 63%	15-64 62%
	65+ 17%	65+ 14%	65+ 13%
Gender <sup>1</sup>	Male 49.8%	Male 50.1%	Male 49.2%
	Female 50.2%	Female 49.9%	Female 50.8%
Race/Ethnic Distribution			
White <sup>1</sup>	97.6%	91.5%	72.4%
American Indian or Alaska Native <sup>1</sup>	2.0%	6.8%	0.9%
Other <sup>1</sup>	0.3%	1.7%	26.7%

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

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

<sup>3</sup>Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

<sup>4</sup>US Census Bureau (2010)

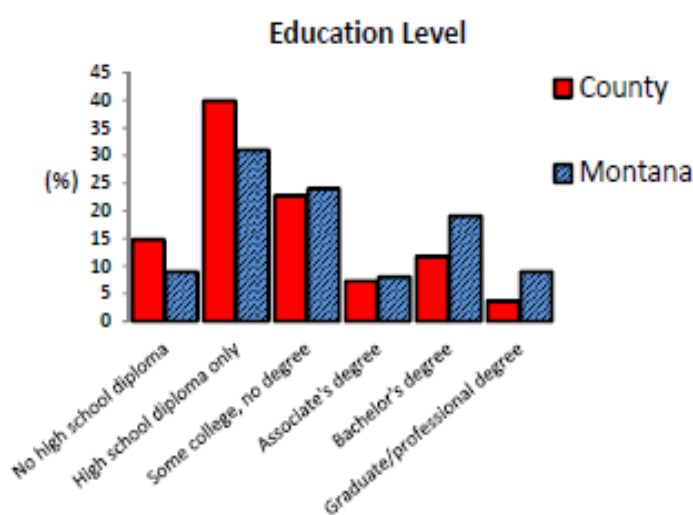
Socioeconomic Measures <sup>1</sup> (%)	County	Montana	Nation <sup>7,8</sup>
Median Income <sup>1</sup>	\$49,168	\$43,000	\$51,914
Unemployment Rate <sup>1</sup>	2.9%	6.3%	7.7%
Persons Below Poverty Level <sup>1</sup>	12.0%	14.0%	13.8%
Uninsured Adults (Age <65) <sup>1</sup>	18.7%	19.0%	18.2%
Uninsured Children (Age <18) <sup>9</sup>	N/A	11.0%	10.0%

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

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

<sup>2</sup>Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

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



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



Behavioral Health <sup>1,2</sup>	Region 1	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage <sup>11,††</sup> Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	41.3% (County)	64.3%
Tobacco Use <sup>1</sup>	20.5%	19.3%
Alcohol Use (binge + heavy drinking) <sup>1</sup>	24.8%	22.8%
Obesity <sup>1</sup>	26.8%	21.6%
Overweight <sup>1</sup>	37.8%	37.8%
No Leisure time for physical activity <sup>1</sup>	27.9%	20.7%

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

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

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

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

Screening <sup>1</sup>		Region 1	Montana
Cervical Cancer (Pap Test in past 3 yrs) <sup>1</sup>		79.5%	83.0%
Breast Cancer (Mammogram in past 2 yrs) <sup>1</sup>		69.2%	71.9%
	Blood Stool <sup>1</sup>	21.8%	25.3%
	Sigmoidoscopy or Colonoscopy <sup>1</sup>	44.8%	54.3%
Diabetic Screening <sup>5</sup>		81.0% (County)	79.0%
Percent of Medicare enrollees who received HbA1c screening			

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

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

Mortality <sup>1,2,12</sup>	County	Montana	Nation <sup>2,13</sup>
Suicide Rate per 100,000 population <sup>1</sup>	19.8	20.3	12.0
Unintentional Injury Death Rate per 100,000 population <sup>1</sup>	83.5	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol <sup>1</sup>	10.4%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population <sup>1</sup>	13.2	19.0	17.5
Diabetes Mellitus <sup>2</sup>	17.6	27.1	21.8

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

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

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

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

Maternal Child Health <sup>1</sup>	County	Montana	Nation <sup>14,15</sup>
Infant Mortality (death within 1 <sup>st</sup> year) Rate per 1,000 live births <sup>1</sup>	8.8	6.1	6.7
Entrance into Prenatal care in 1 <sup>st</sup> Trimester Percent of Live Births <sup>1</sup>	85.9%	83.9%	69.0%
Birth Rate <sup>9</sup> Babies born per 1,000 people	12.9	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births <sup>1</sup>	9.4%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births <sup>1</sup>	8.8	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births <sup>1</sup>	2.8 (Region 1)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births <sup>1</sup>	11.5%	10.1%	12.5%

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

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

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

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

## Economic Impact Assessment

### **Demographic Trends and Economic Impacts: A Report for Sidney Health Center**

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

#### **Introduction**

This report responds to requests by MHA for the location quotient of the hospital sector in Richland County and for information on the county's demographics. In addition, the report includes analysis of the economic impact of the hospital sector on Richland County's economy. Section I gives location quotients for the hospital sector in Richland County using both state and national employment as the basis of comparison. Section II looks at the demographic profile of Richland County. Section III presents the results of an input-output analysis of the impact of Sidney Health Center 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 Richland County were calculated. The first compares Richland County's hospital employment concentration to that of the State of Montana, and the second compares it to hospital employment in the United States. The calculations use 2010 annual averages.

**Hospitals Location Quotient (compared to State of MT) = 1.17**

**Hospitals Location Quotient (compared to U.S.) = .98**

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Richland County, the location quotient of 1.17 indicates that hospital employment in the county is about 17% greater than what one would expect given statewide employment patterns. When compared to the nation, the location quotient is .98, indicating



that the hospital sector's share of county employment is about the same as the hospital industry's share of national employment.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Richland County's employment patterns mirrored the state or the nation. Sidney Health Center averaged 500 employees in 2010. This is 77 more than expected given the state's employment pattern and 9 fewer than expected given the national employment pattern. In 2010, Sidney Health Center accounted for 9.4% of county nonfarm employment and 9.2% 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 9,746 residents of Richland County. The breakdown of these residents by age is presented in Figure 1. Richland County's age profile is similar to that of many rural Montana counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the "baby bust," which is evidenced by the lack of 25 to 44 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Richland County Residents

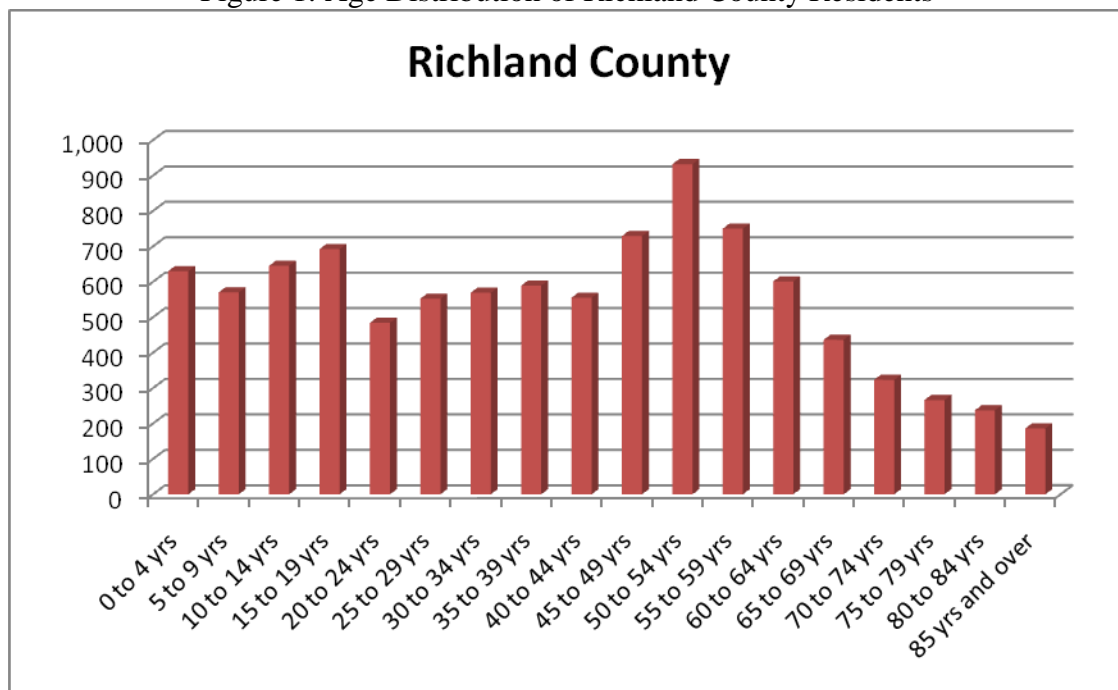


Figure 2: Percent of the population by age groups, Richland County vs. Montana

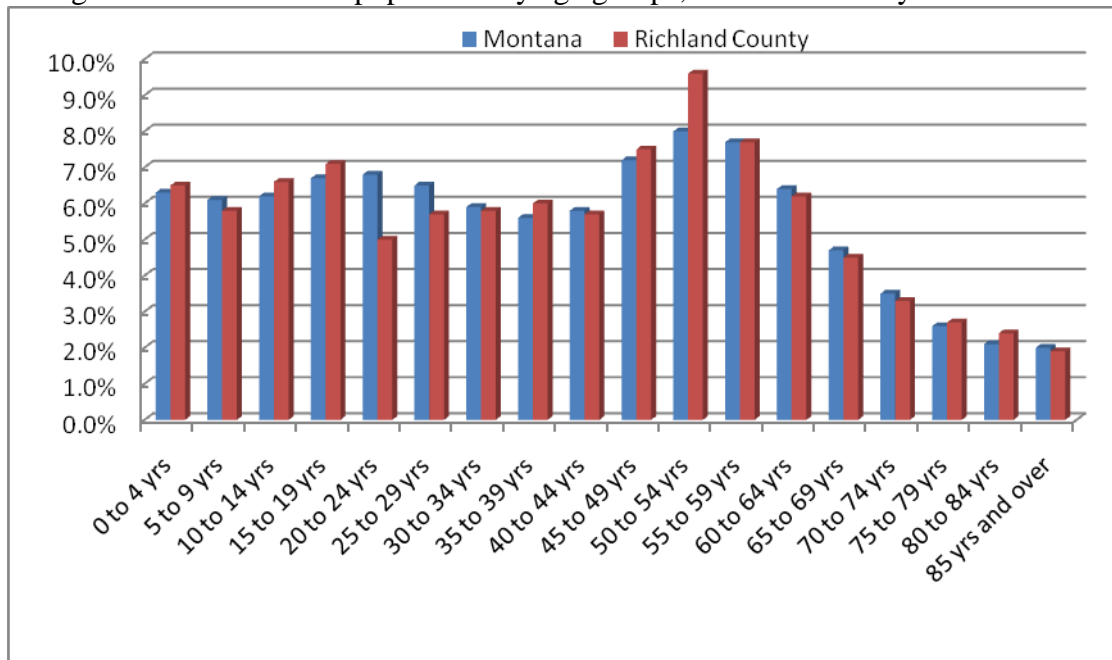


Figure 2 shows how Richland County's population distribution compares to Montana's. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Richland County had a lower percentage of people aged 20 to 34 (16.5 percent vs. 19.2 percent) and a higher percentage of people between 45 and 54 (17.1 percent vs. 15.2 percent). According to the 2010 Census, Richland County had a median age of 41.3, compared with the state's median age of 39.8.

### 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 Sidney Health Center spend a portion of their salary on goods and services produced in Richland County, thus supporting jobs and income in those local businesses. Likewise, the hospital itself may purchase goods and services from local suppliers. These businesses and employees then spend a portion of their income on local goods and services which, in turn, supports other local jobs and companies. Thus, the effect of one dollar of wages is multiplied as it circulates through the community.

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

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

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

**Hospital Employment Multiplier = 1.25**

**Hospital Employee Compensation Multiplier = 1.38**

**Hospital Output Multiplier = 1.34**

What do these numbers mean? The employment multiplier of 1.25 can be interpreted to mean that for every job at Sidney Health Center, another .25 jobs are supported in Richland County. Another way to look at this is that if Sidney Health Center suddenly went away, about 125 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 500). The employee compensation multiplier of 1.38 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 38 cents of wages and benefits are created in other local jobs in Richland County. Put another way, if Sidney Health Center suddenly went away, about \$7,242,287 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 Sidney Health Center, output in the county increases by another 34 cents.

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

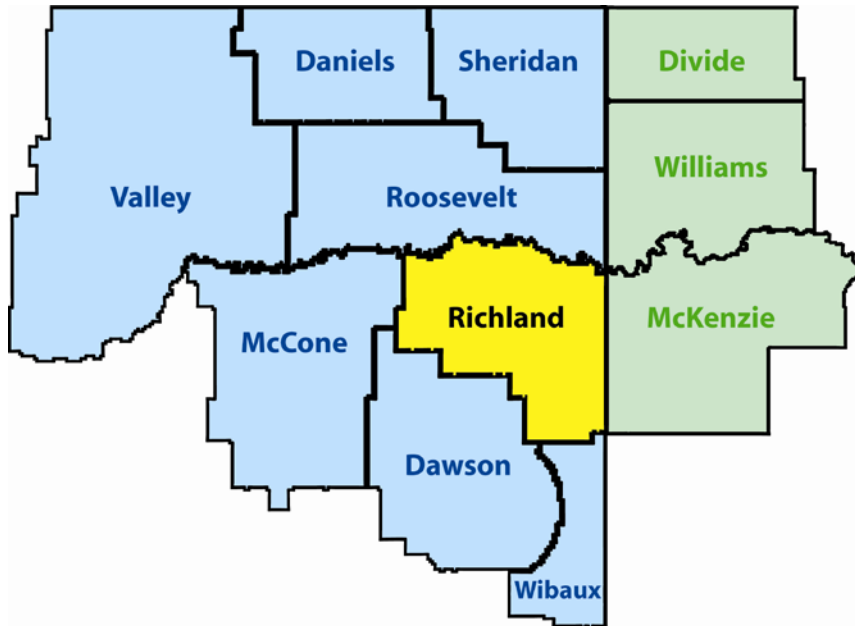
This study has sought to outline the economic importance of Sidney Health Center to the county's economy. Tangible economic impacts have been presented, and intangible economic development impacts have also been discussed. Any questions regarding the data or methodology can be addressed to the author.

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

## Appendix I – Sidney Health Center’s Service Area

Sidney Health Center draws customers from eight counties in Montana and three in North Dakota. Richland County is considered the primary market area while the surrounding counties constitute the secondary market area. The majority (86%) of Sidney Health Center’s market share for inpatient and outpatient procedures is made up of residents from Richland County.



## **Appendix J- Available Community and Facility Resources**

- Agency for Healthcare Research & Quality (AHRQ)
- Alanon, Alcoholics Anonymous [AA]
- Area Medical Providers Sidney Health Center medical providers and visiting specialists (complete current listing located on SHC's Website)
- Boys and Girls Club
- Civic Organizations – Sidney Lions Club and Kiwanis
- District II Alcohol & Drug Program
- Eastern Montana Community Mental Health Center (EMMHC)
- Eastern Montana Telemedicine Network (EMTN).
- Local Law Enforcement - Richland County Sheriff's Department, Sidney and Fairview Police Departments
- Ministerial Association
- MonDak Stock Growers Association
- Montana Nutrition and Physical Activity program (NAPA)
- Montana Office of Rural Health/Area Health Education Center (MORH/AHEC)
- MSU Extension Service
- National Alliance for the Mentally Ill
- Regional Healthcare Facilities
- Richland County Cancer Coalition
- Richland County Coalition Against Domestic Violence
- Richland County Commissioners
- Richland County Health Department
- Richland County Nutrition Coalition
- Richland County Public Schools (Sidney, Fairview, Savage, Lambert, Rau and Brorson)
- Richland County Transportation Advisory Council
- Sidney Area Chamber of Commerce and Agriculture
- Sidney Parks and Recreation Board
- The Montana Department of Public Health and Human Services (MT DPHHS)