

# **Northeast Montana Health Services**

Community Health Services Development  
Survey Report

Survey conducted by  
Trinity Hospital  
Wolf Point, Montana

Poplar Community Hospital  
Poplar, Montana

June 2016

**Northeast Montana Health Services  
Community Needs Assessment and Focus Groups**

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**Northeast Montana Health Services Community Survey  
Summary Report  
June, 2016**

**I. Introduction**

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The Poplar Hospital Association (Poplar, Montana) and Trinity Hospital Association (Wolf Point, Montana) located in Northeast Montana merged on July 1, 1996 to form Northeast Montana Health Services (NEMHS); a local community non-profit healthcare system. Both hospitals share the same Federal ID number. In 1999, the Centers for Medicare and Medicaid approved the conversion of the Poplar Hospital to a 20-bed Critical Access Hospital. Trinity Hospital converted to a 22-bed Critical Access Hospital, receiving its designation in July of 2003. Today, NEMHS has 380 employees and eight providers making the facilities the largest employer in Roosevelt County. NEMHS is comprised of seven facilities in Poplar and Wolf Point: Poplar Hospital, Riverside Clinic, Poplar Tele-Pharmacy, Trinity Hospital, Listerud Rural Health Clinic, Wolf Point Tele-Pharmacy, and Faith Lutheran Home. NEMHS's service area consists of both non-Indian and Indian residents on the Fort Peck Reservation. It is the ninth-largest Indian reservation in the United States and comprises parts of four counties. In descending order of land area they are Roosevelt, Valley, Daniels, and Sheridan counties. A part of this project is community engagement which includes a health care service survey and focus groups, which were conducted by Northeast Montana Health Services.

In the spring of 2016, Northeast Montana Health Services' service area was re-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 will be convened to assist Northeast Montana Health Services in the implementation planning phase of the CHSD. A diverse group of community members, representing various organizations and populations within the community (ex. Public health, elderly, uninsured) will come together in the fall of 2016. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee will meet at least once during the CHSD implementation process to review results of the survey and focus groups.

**III. Survey Methodology**

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**Survey Instrument**

In May 2016, hard surveys were mailed out to the residents in Northeast Montana Health Services' service area. This includes the communities of Frazier, Wolf Point, Poplar, and Brockton, Montana. Also utilized was Survey Monkey.

The survey was marketed via the radio, on the NEMHS Face Book page and on the NEMHS Website. Survey Monkey was designed to market the younger, more techno literate population base. The survey on Survey Monkey was identical to the hard copy survey sent out to the residents of the communities listed in Roosevelt County. The surveys were 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**

Northeast Montana Health Services sent out 300 hard copy random surveys via Bulk Mailing. Residence was stratified in the hard copy sample selection so that each area would be represented in proportion to the overall served population and the proportion of year to date admissions. Of the 300 surveys sent out, 180 or 60 % were sent to residents with a zip code of 59201 (Wolf Point), 100 or 33% were sent to residents with a 59255 (Poplar) zip code, 10 surveys or 3% to residents with 59213 (Brockton) and 10 surveys or 3% were sent to residents from the 59225 (Frazier) zip code. As stated, statistically, these are in-line with our total YTD in-patient admissions. Of the total admissions, YTD, 54% are from the 59201 exchange, 33% from 59255, 4% from 59213 and 5% from 59225 zip code. (Note: Although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results).

Survey sampling was also done through the use of Survey Monkey, an on-line survey tool, which is being used nation-wide for various applications. Residents of our survey area were able to access a link to Survey Monkey found on our Web site and also on our Face Book page. The survey process was conducted for 14 days.

Five focus groups and two Town Hall meetings were held to identify the motives of local residents when selecting health care providers and discover reasons why people may leave the Wolf Point/Poplar area to seek health care services. One of the focus groups conducted was with regional healthcare CEO's to discuss, in addition to the set of pre-determined, questions regarding the ACA (Affordable Care Act), ACO's (Accountable Care Organizations), medical home models etc., that will affect the face of healthcare in the months/years to come. **Six key** informant interviews were also conducted by the Montana Office of Rural Health. 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 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 and the on-line Survey Monkey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate.

### **Survey Implementation**

In June, the community health services survey, along with a cover letter from the Northeast Montana Health Services' Chief Executive Officer's signature on Northeast Montana Health Services' letter head, and a postage paid reply envelope were mailed to 300 randomly selected residents in the Northeast Montana Health Services' service area. A news release was sent to local newspapers prior to the survey along with radio adds announcing that Northeast Montana Health Services would be conducting a community health services survey throughout the region. In addition, we announced that we would be utilizing Survey Monkey for our patients that utilize today's technology. We also used our Face Book page and website to announcement our survey process.

As shown in the table below, 228 surveys were completed. Mail returns have been purged with the on-line surveys. From this point on, the responses will be based on 228 returns.

### **IV. Survey Respondent Demographics**

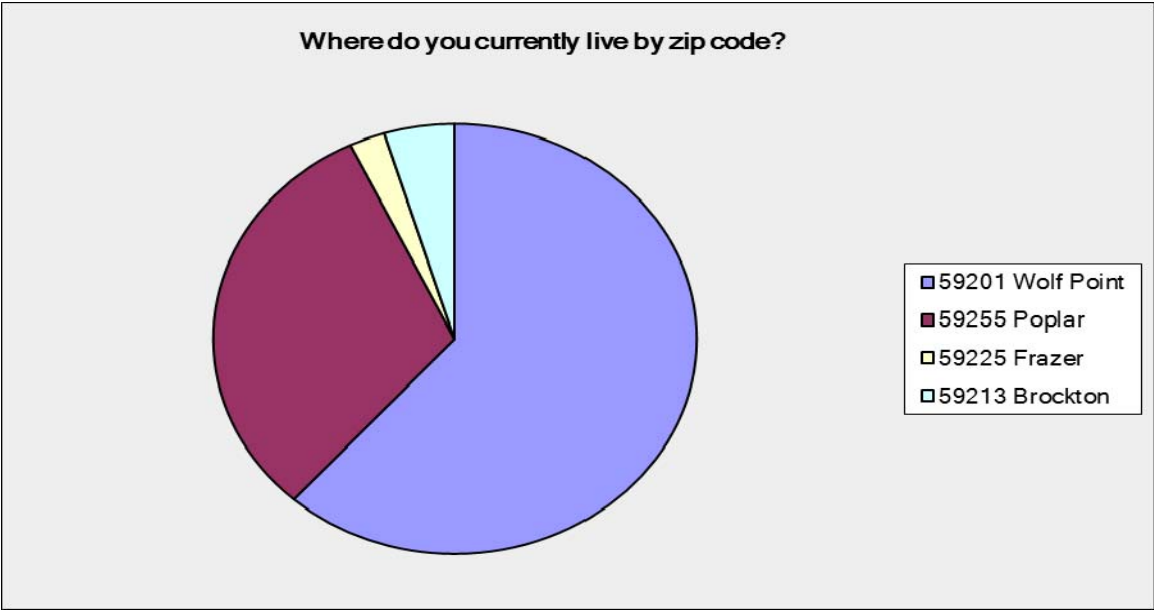
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The following tables indicate the demographic characteristics of the 228 survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

### Place of Residence (Question 31)

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

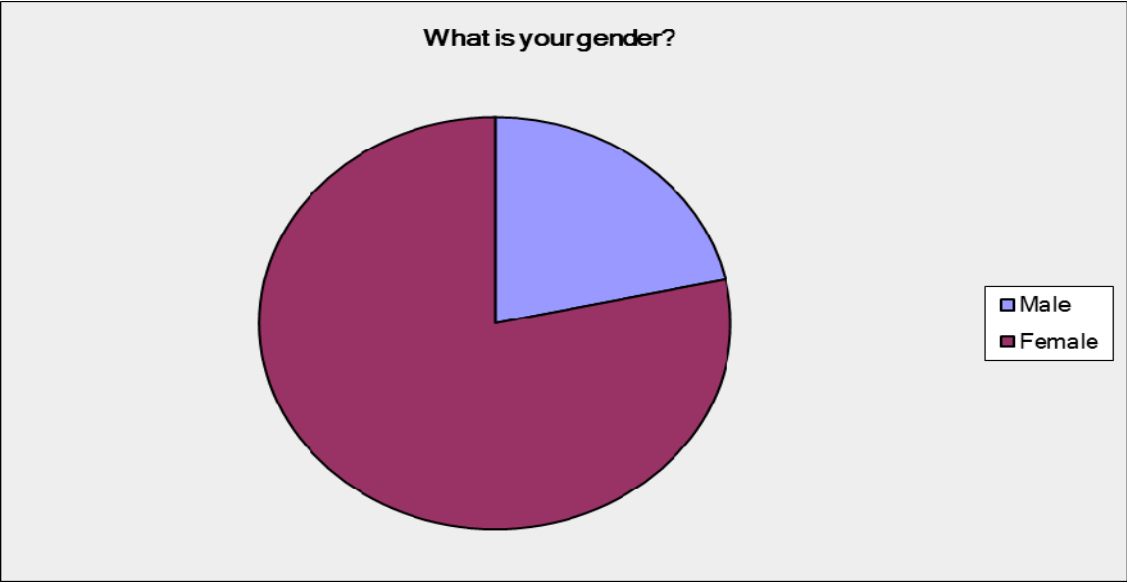
<b>Location</b>	<b>Zip Code</b>	<b>Count</b>	<b>Percent</b>
Wolf Point	59201	130	61.6%
Poplar	59255	66	31.3%
Frazer	59225	5	2.4%
Brockton	59213	10	4.7%
Skipped Question		12	
<b>TOTAL</b>		<b>221</b>	<b>100.0%</b>



**Gender (Question 32)**

N= 222

Of the 228 surveys returned, 78.4% (n=174) of survey respondents were female; 21.6% (n=48) were male, and 2.6% (n=6) chose not to answer this question. 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.

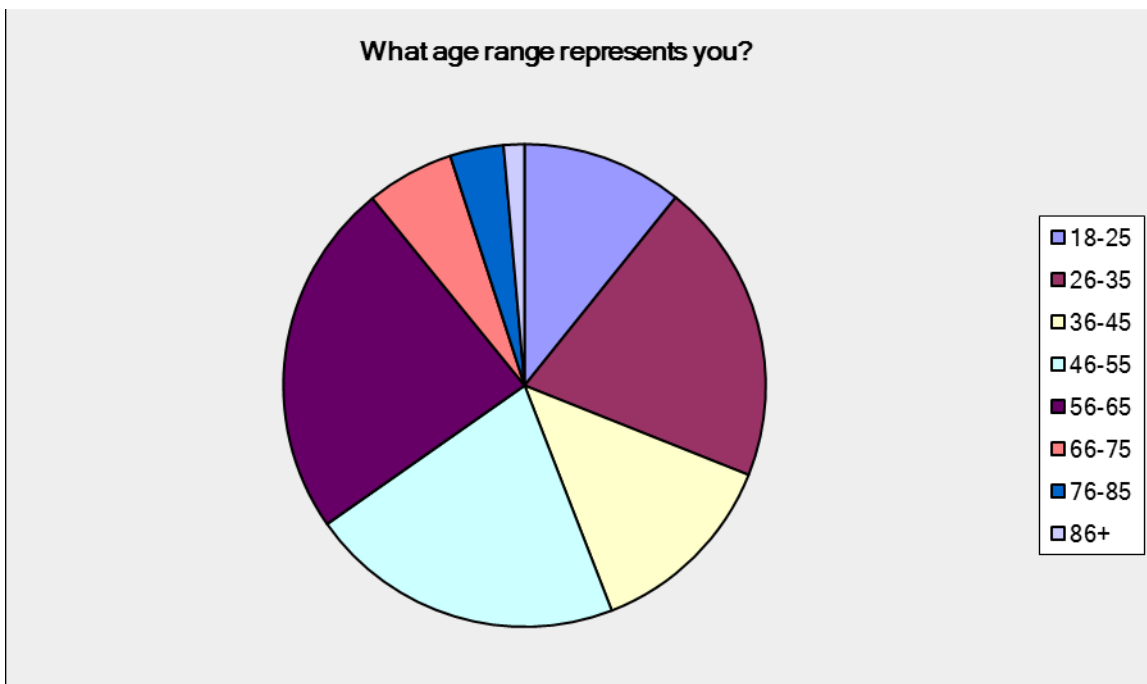


### Age of Respondents (Question 33)

N= 222

Twenty-four percent (23.9%) of respondents (n=53) were between the ages of 56-65. Twenty-one percent (21.2) of respondents (n=47) were between the ages of 46-55, and twenty percent (20.3%) of respondents (n=45) were between the ages of 26-35. Six respondents chose not to answer this question. I feel that the three age divisions stated above reflect the residents using on-line technology.

What age range represents you?		
Answer Options	Response Percent	Response Count
18-25	10.8%	24
26-35	20.3%	45
36-45	13.1%	29
46-55	21.2%	47
56-65	23.9%	53
66-75	5.9%	13
76-85	3.6%	8
86+	1.4%	3
<i>answered question</i>		<b>222</b>
<i>skipped question</i>		<b>6</b>



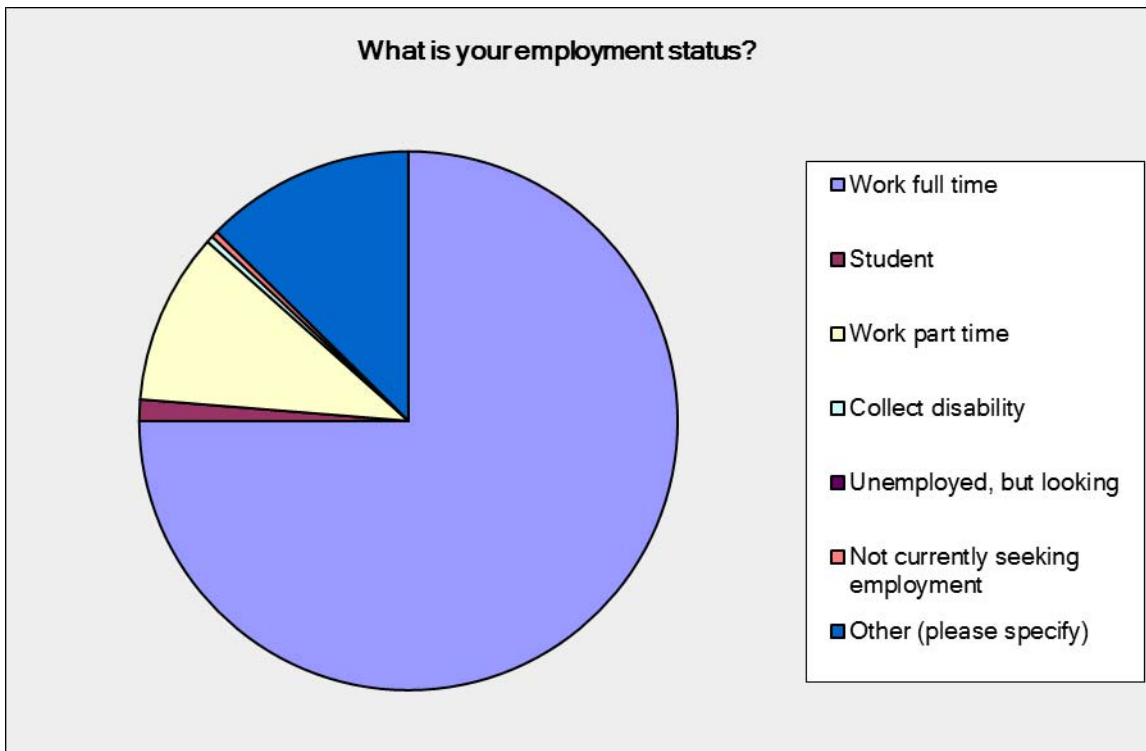


### Employment of Respondents (Question 34)

N= 223

Seventy-four (n=167) of respondents reported working full time, while 12.6% (n=28) are retired. 10.3% of respondents (n=23) indicated they work part time. Respondents could check all that apply, so the percentages do not equal 100%. Five respondents (7.1%) chose not to respond to this question.

What is your employment status?		
Answer Options	Response Percent	Response Count
Work full time	74.9%	167
Student	1.3%	3
Work part time	10.3%	23
Collect disability	0.4%	1
Unemployed, but looking	0.0%	0
Not currently seeking employment	0.4%	1
Other (please specify)	12.6%	28
<i>answered question</i>		<b>223</b>
<i>skipped question</i>		<b>5</b>



“Other” comments:

- Retired: (21)
- Self-employed (2)
- Homemaker (1)
- Work full time when not a student (2)
- Work two part time jobs (1)
- Business Owner (1)

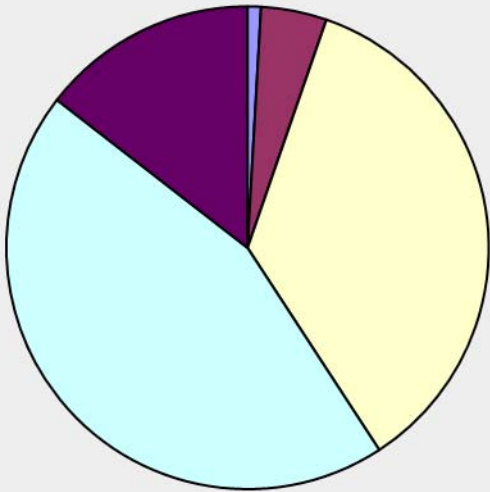
## **V. Survey Findings- Community Health**

### **Impression of Community (Question 1)**

N= 228

Respondents were asked to indicate how they would rate the general health of their community. Forty-five percent (44.7) of respondents (n=102) rated their community as “Unhealthy.” Thirty-five percent of respondents (n=81) felt their community was “Somewhat Unhealthy” and 14.5% (n=33) felt their community was “Very Unhealthy.” No respondents chose not to respond to this question. According to this survey as compared to the survey three years ago, the respondents feel the overall health has substantially declined. All focus groups cited a much higher rate of drug use and abuse in our communities.

How would you rate the general health of our community?



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

## Health Concerns for Community (Question 2)

N= 228

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol abuse/substance abuse” at 96.5% (n=220). “Diabetes” and “child neglect/abuse” was also a high priority at 47.4% (n=108) and “Overweight/obesity” at 31.1% (n=71). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

In the following list, what do you think are the three most serious health concerns in our community?(Select 3 that apply)		
Answer Options	Response Percent	Response Count
Alcohol abuse/substance abuse	96.5%	220
Cancer	12.3%	28
Child abuse/neglect	47.4%	108
Depression/anxiety	10.1%	23
Diabetes	47.4%	108
Domestic violence	23.2%	53
Heart disease	6.1%	14
Lack of access to health care	5.3%	12
Lack of dental care	3.1%	7
Lack of exercise	7.5%	17
Mental health issues	14.9%	34
Motor vehicle accidents	3.9%	9
Recreation related accidents/injuries	0.0%	0
Stroke	1.3%	3
Overweight/obesity	31.1%	71
Tobacco use	7.5%	17
Work related accident/injuries	0.0%	0
Other		7
	<i>answered question</i>	<b>228</b>
	<i>skipped question</i>	<b>0</b>

### “Other” Comments

- Drugs, meth
- Break down of family unit
- Drugs
- All of the above

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

N= 227

Respondents were asked to identify the three most important things for a healthy community. Fifty-four percent of respondents (n=124) indicated that “Healthy Behaviors and lifestyles” is important for a healthy community. “Access To healthcare” was the second most indicated component at 47.1% (n=107) and third was “Strong family life” at 38.8% (n=88). Very close to that was “Low Crime/safe neighborhoods” at 37.9 % (n=86). Respondents were asked to identify their top three choices thus the percentages will not add up to 100%.

Select the three items below that you believe are most important for a healthy community, (Select 3 that apply)		
Answer Options	Response Percent	Response Count
Access to health care and other services	47.1%	107
Affordable housing	10.1%	23
Arts and cultural events	1.8%	4
Clean environment	18.1%	41
Community involvement	22.0%	50
Good jobs and healthy economy	31.7%	72
Good schools	14.5%	33
Healthy behaviors and lifestyles	54.6%	124
Low crime/safe neighborhoods	37.9%	86
Low death and disease rates	3.1%	7
Low level of domestic violence	9.3%	21
Parks and recreation	4.4%	10
Religious or spiritual values	17.2%	39
Strong family life	38.8%	88
Tolerance for diversity	2.2%	5
Other (please specify)	1.8%	4
<i>answered question</i>		<b>227</b>
<i>skipped question</i>		<b>1</b>

#### “Other Comments”

- Education
- Health Promotion
- Better Police Force
- Harsher punishments on criminals

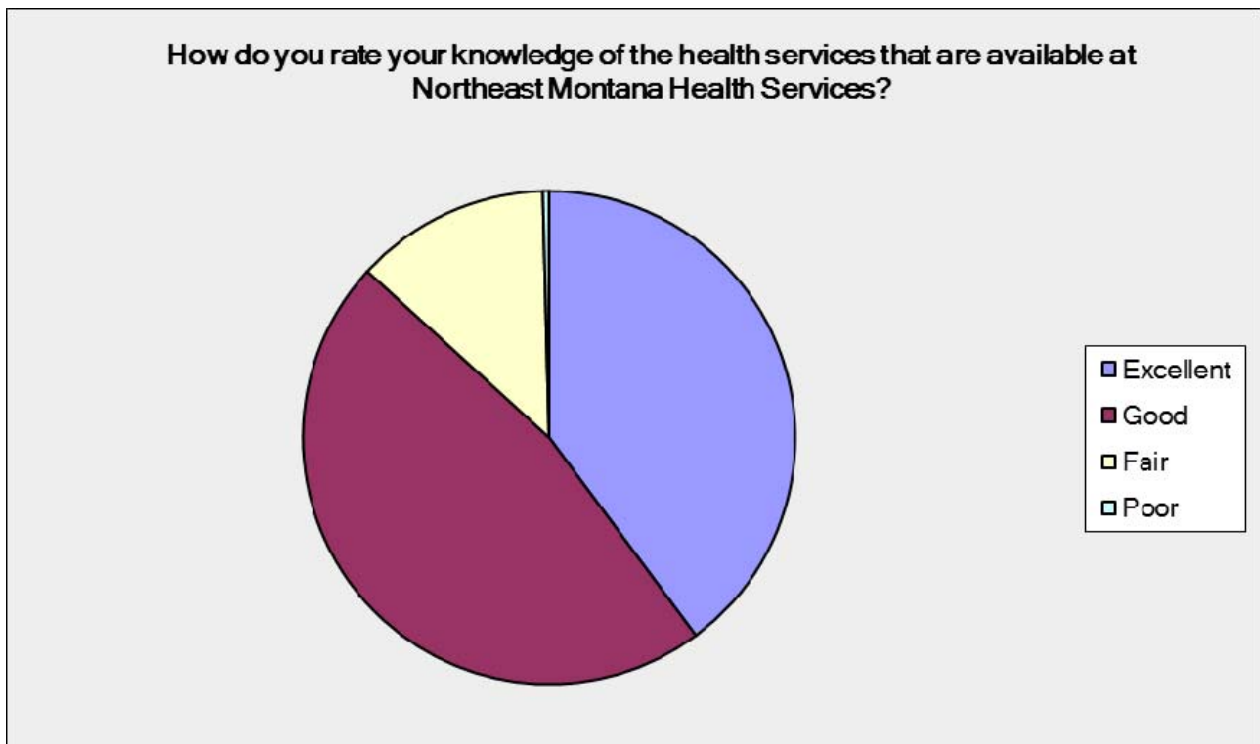
## VI. Survey Findings- Awareness of Services

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### Overall Awareness of Northeast Montana Health Services' Services (Question 4)

N= 226

Respondents were asked to rate their knowledge of the healthcare services available at Northeast Montana Health Services. Forty percent (n=90) of respondents rated their knowledge of services as "Excellent." Forty-seven percent (n=106) rated their knowledge as "Good" and 13% of respondents (n=29) rated their knowledge as "Fair." Less than one percent (n=1) rated their knowledge as "Poor". Two respondents chose not to answer this question.



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

N= 227

“Health care provider” was the most frequent method of learning about available services at 61.7% (n=140). Generally, “Word of mouth/reputation” was the number one response three years ago but is now the second most common method at 55.1% (n=116). “Friends/family” was the third most frequent response at 51.1% (n=116) and “Radio” was reported at 33% (n=75). Respondents could select more than one method so percentages do not equal 100%.

How do you learn about the health services available in our community? (Select all that apply)		
Answer Options	Response Percent	Response Count
Health care provider	61.7%	140
Newspaper	27.8%	63
Friends/family	51.1%	116
IHS Clinic	14.5%	33
Mailings/newsletter	17.2%	39
Presentations	5.7%	13
Word of mouth/reputation	55.1%	125
Website/internet	18.9%	43
Public health	11.9%	27
Radio	33.0%	75
Other (please specify)	6.2%	14
<i>answered question</i>		<b>227</b>
<i>skipped question</i>		<b>1</b>

“Other” comments:

- I am a public health employee
- Employee of NEMHS
- Work
- I am a Board member of NEMHS
- None of the above
- Staff meetings

## Other Community Health Resources Utilized (Question 6)

N= 226

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequent community health resource cited by respondents at 87.6 (n=198). “Dentist” (38.1%, n=86) and “I HS clinic” (25.2%, n=57) were highly utilized as well. Respondents could select more than one method so percentages do not equal 100%.

Which community health resources, other than the hospital or clinic, have you used in the last three years?(Select all that apply)		
Answer Options	Response Percent	Response Count
Pharmacy	87.6%	198
Public health	14.2%	32
Dentist	38.1%	86
Mental health	6.2%	14
Senior Center	3.5%	8
IHS Clinic	25.2%	57
VA	3.1%	7
Other (please specify)	8.0%	18
<i>answered question</i>		<b>226</b>
<i>skipped question</i>		<b>2</b>

### “Other” comments

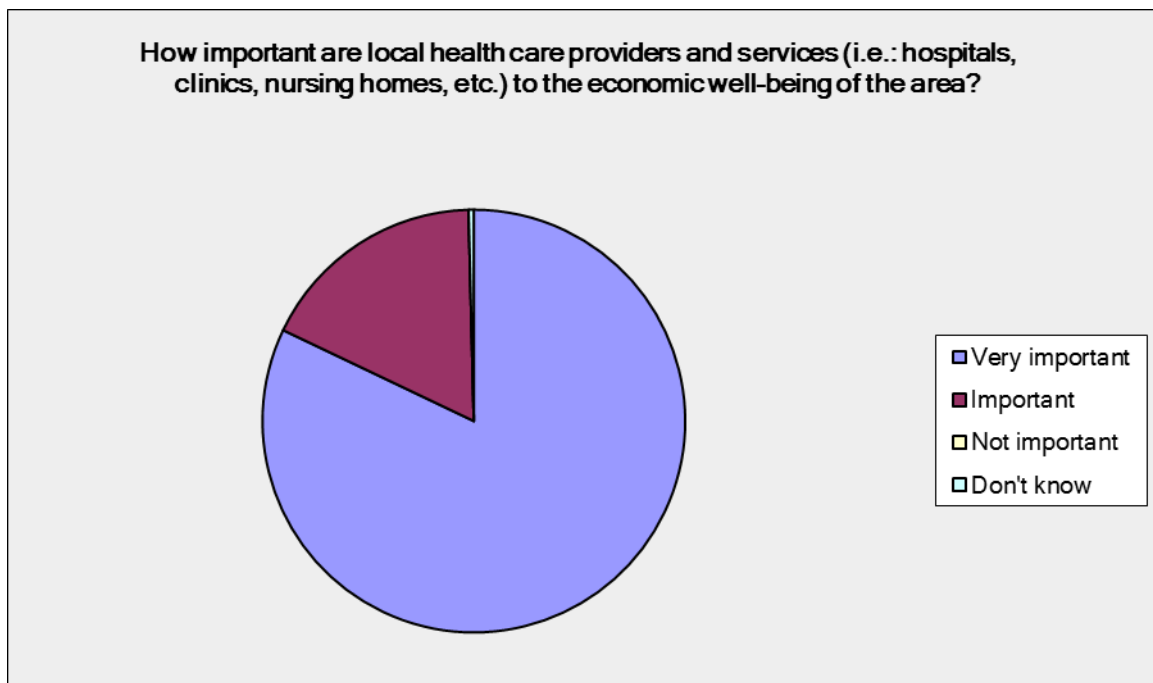
- Roosevelt County Health Services
- Gastroenterologist
- Wellness Center
- Nursing Home
- Out of area dentist
- Vision
- Optometrist
- None
- Primary care
- Dermatologist
- Riverside Family Clinic
- J



## Economic Importance of Local Health Care Providers and Services (Question 7)

N= 228

The majority of respondents, 82% (n=187) 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. 17.5% of respondents (n=40) indicated they are “Important” and only one person, or 0.4% indicated that they are “Don’t know”. There were no respondents that did not answer this question.

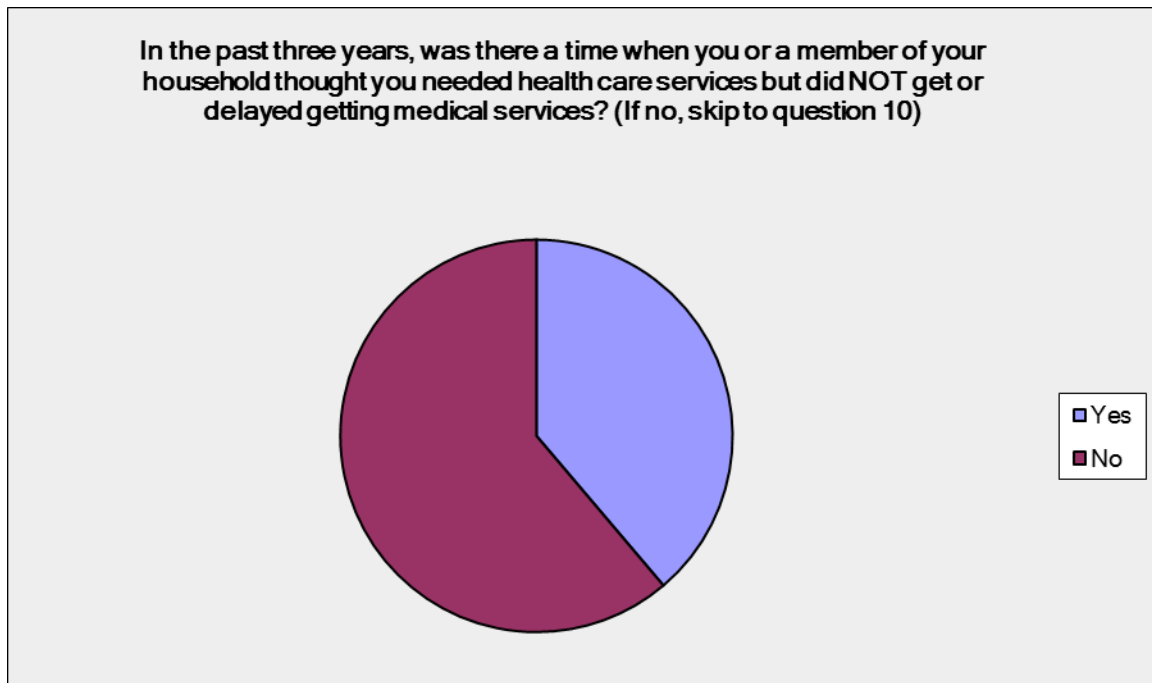


## **VII. Survey Findings- General Use of Health Care Services**

### **Needed/Delayed Hospital Care During the Past Three Years (Question 8)**

N= 224

Of the 228 surveys returned, 38.8% of respondents (n=87) reported that they or a member of their household thought they needed health care services, but did not get it or delayed getting it. 61.2% percent of respondents (n=137) felt they were able to get the health care services they needed without delay and four respondents chose not to answer this question.



## Reasons for NOT Being Able to Receive Services or Delay in Receiving Health Care Services (Question 9)

N= 88

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “Too long to wait for an appointment” (43.2%, n=38), “It costs too much” (42%, n=37) and “Could not get an appointment” (33%, n=29). Respondents were asked to indicate their top three choices thus percentages do not total 100%. 140 respondents skipped this question.

If yes, what were the three most important reasons why you did not receive health care services? (Select 3 that apply)		
Answer Options	Response Percent	Response Count
Could not get an appointment	33.0%	29
Too long to wait for an appointment	43.2%	38
Office wasn't open when I could go	8.0%	7
Unsure if services were available	5.7%	5
Had no one to care for the children	2.3%	2
It costs too much	42.0%	37
Could not get off work	12.5%	11
Didn't know where to go	3.4%	3
It was too far to go	8.0%	7
My insurance didn't cover it	17.0%	15
No insurance	18.2%	16
Not treated with respect	14.8%	13
Too nervous or afraid	6.8%	6
Language barrier	1.1%	1
Transportation problems	9.1%	8
Don't like doctors	3.4%	3
Other (please specify)	10.2%	9
<i>answered question</i>		<b>88</b>
<i>skipped question</i>		<b>140</b>

“Other” comments:

- Primary ER is where the doctors treat people disrespectfully
- No return call
- Schedule
- Poor service from doctors
- Wouldn't treat shingles in ER
- Doctor retired and had to reschedule in Billings
- Could not get a referral
- Too busy

### Preventative Testing (Question 10)

N= 224

Respondents were asked if they had utilized any of the services listed in the past year. “Routine health checkup” was selected by 52.2% of respondents (n=117). 50.4% of respondents (n=113) indicated they received a “Flu shot” and another 40.6% of respondents (n=91) had a “Routine blood pressure check”. Respondents could check all that apply thus the percentages will not equal 100%.

Which of the following services have you used in the past year? (Select all that apply)		
Answer Options	Response Percent	Response Count
Children's checkup/Well baby	17.9%	40
Cholesterol check	27.7%	62
Colonoscopy	9.4%	21
Routine blood pressure check	40.6%	91
Mammography	27.7%	62
Pap smear	25.0%	56
Prostate (PSA)	4.5%	10
Routine health checkup	52.2%	117
Flu shot	50.4%	113
None	11.2%	25
Other (please specify)	6.3%	14
<i>answered question</i>		<b>224</b>
<i>skipped question</i>		<b>4</b>