COMMUNITY AS PARTNER:
A FRONTIER COMMUNITY'S PERCEPTION OF
HEALTH CARE SERVICES

by
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A project submitted in partial fulfillment
of the requirements for the degree
of
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ABSTRACT

Health care is facing a time of significant revolution. This revolution is to return health care service to communities, who if given the appropriate opportunity will be able to meet their own health care service needs quite adequately. The Community as Partner Model provides the components necessary for the family nurse practitioner (FNP) to assess community health care needs and determine the priorities of the community residents, with respect to their needs.

Components that set the Community as Partner Model apart from other nursing models based upon Systems Theory include consideration of the individual not only as unique but as a product of their environment. Individuals in frontier communities in Montana maintain a spirit of independence and self-reliance characteristic of their ancestors. The Community as Partner Model takes the environment and background of community residents into account and encourages nurses to assess the community and develop a collaborative relationship with the residents. The best way to determine the health care priorities of the frontier community residents is to ask the residents; what is their perception of health care services and health care needs? This was accomplished by identifying key people in the community, enlisting their assistance, and holding focus group discussions. Focus group discussion facilitates the identification of health care service priorities and needs, across a wide demographic continuum. Focus group discussion can also help the FNP in determining the unique characteristics of the community. The frontier community assessed in this study was Meagher County.

Participants in Meagher County demonstrated vast interest in the idea of identifying the health care service needs of the local residents. They discussed the importance of being able to 'take care of their own' and take part in Meagher County's attempt to meet health care service needs within the community. Health care service needs identified in collaboration with the participants included maintaining the services currently available in Meagher County, finding reliable mental health care resources, and developing a home health care program.

In order for a FNP to develop a primary care practice in Meagher County they would need a significant background in mental health care.
CHAPTER 1
INTRODUCTION

The Purpose

The frontier of Meagher County is located in south central Montana. A combination of sprawling meadows and glorious Montana mountain ranges, Meagher County, isolated as it is, is home to a lifestyle rapidly disappearing from the modern world. The mountain ranges are covered by vast forests of lodgepole pines giving way to open parks providing a place for the abundant wild game to feed. This isolation and distance have become both friend and foe for the very few people who inhabit Meagher County, which is 2,354 square miles in size with a 1999 population of 1,797 people (United States Census Bureau, 1999a). The borders of Meagher County consist of three mountain ranges, the Big Belts, Little Belts, and Castle Mountains, surrounding the central valley (Appendix A). White Sulphur Springs, the county seat, is the only incorporated community in Meagher County.

Meagher County is essentially isolated from many of the health care services necessary to its population. There are many anecdotal reasons for the isolation, including frequent winter blizzards capable of closing roads out of the valley and keeping helicopters from flying.

The purposes of this project are to explore the health care services currently available to the residents of Meagher County, their perception of these health care
services, what the community members feel is needed, and the receptiveness of the community to having a full-time nurse practitioner.

**Background and Significance of the Project**

The heirs to Meagher County's old-timers who survived the beautiful but vast distances and isolation of the area retain most of the individuality and independent spirit that brought their ancestors here. They maintain a tenacious hold upon the isolated, rural lifestyle they grew up with, and they actively resist outsiders who may want to change that lifestyle. In consideration of these factors, health care providers need to learn about Meagher County prior to determining what the residents' needs and priorities might be. Increased understanding is enhanced by preliminary exposure to an overview of information about rural communities in general, and statistical information about Meagher County in particular.

A working definition of "frontier" is less than six persons per square mile (Buehler & Lee, 1998, p. 301). Meagher County fits that criterion with a population of 1,797 in July of 1999 (U.S. Census Bureau, 1999a) and 2,354 square miles, which translates into a population density of 0.76 people per square mile.

Seventeen percent of Meagher County's population is age 65 and over, a trend in many central Montana counties as noted in Table 1, page 3. Also demonstrated in Table 1 is the higher percentage of elderly in the frontier and rural counties versus the counties housing more urban communities, as seen in Park, Gallatin, and Cascade counties. The
elderly population is 3.8% higher than the Montana average of 13.2%, and 4.2% higher than the national average of 12.8%.

### Table 1: Comparison of Meagher and Adjacent Counties’ Elderly (65+) Relative to Overall Population.

<table>
<thead>
<tr>
<th>County</th>
<th>Total Population</th>
<th>Population Age 65+</th>
<th>Percentage of Population</th>
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<tr>
<td>Meagher County</td>
<td>1,797</td>
<td>300</td>
<td>17%</td>
</tr>
<tr>
<td>Judith Basin County</td>
<td>2,284</td>
<td>398</td>
<td>17%</td>
</tr>
<tr>
<td>Wheatland County</td>
<td>2,345</td>
<td>490</td>
<td>21%</td>
</tr>
<tr>
<td>Broadwater County</td>
<td>4,167</td>
<td>714</td>
<td>17%</td>
</tr>
<tr>
<td>Park County</td>
<td>15,795</td>
<td>2,357</td>
<td>15%</td>
</tr>
<tr>
<td>Gallatin County</td>
<td>62,561</td>
<td>5,525</td>
<td>9%</td>
</tr>
<tr>
<td>Cascade County</td>
<td>78,558</td>
<td>10,683</td>
<td>14%</td>
</tr>
</tbody>
</table>

Based on U.S. Census Figures, 1999a

Agriculture is the primary source of financial support and jobs for the residents of Meagher County. According to the most recent figures from the Montana Department of Labor & Industry (1998), there are 1,006 persons in the labor force (all persons over 18 years of age and physically able to work) in Meagher County, with 952 of those people holding jobs, leaving 54, or 6% of the people unemployed. Of the people who are employed, approximately 678 people or 71% work in some form of agriculture. The United States Department of Agriculture (USDA) census of agriculture (1997) indicates there are 142 farm/ranch operations in Meagher County, 87 of which are 1,000 acres or more in size. An informal survey of the three largest landowners/property managers in the county reveal that each of these operations employs from seven to ten people full-time, and more seasonally. Other operations are family owned and operated.
Farm and ranch workers in Meagher County earn approximately $7.00 per hour and work 40-60 hours per week, depending upon the amount of work to be done. Often during calving or haying seasons, farm and ranch workers will work 12 hours a day, seven days a week. The long hours and demanding physical work are responsible for the higher accident rates for agricultural employees as reported by the Montana Department of Labor and Industry (1998). According to the National Safety Council (NSC, 1999), "Agricultural workers had the second highest death rate among the major industry divisions." The NSC attributes 780 deaths and 140,000 debilitating accidents to agricultural industries nationally. In Montana, the statistics available are: 1995—10 deaths, 1996—10 deaths, and 1997—9 deaths (AgriAbility & Farm Safety, 1997). While no reliable and recent accident statistics for Montana were available, a projection from the U.S. data would indicate an estimate of 1790 debilitating accidents to Montana agricultural workers annually. Furthermore, low wages and long hours contribute to the median household income of $20,625 for residents of Meagher County (U.S. Census Bureau, 1999b). These figures compare with the state median household income of $27,889 and a national median household income of $34,076 (U.S. Census Bureau, 1999b).

The major sources of non-agricultural employment in Meagher County are the county government, which has 40 full-time (FT) and 51 part-time (PT) employees (J. Wafford, personal communication, January 6, 2000); the school district with 52 FT and PT employees (C. Davis, personal communication, January 6, 2000); and Mountain View
Medical Center, which employs an average of 50 people in FT and PT positions (P. Hanson, personal communication, January 6, 2000). Other employers include general contractors, wholesalers of durable and non-durable goods, retailers, hotels and motels, and manufacturers, all of whom employ an average of one to two employees. These figures support the fact that agriculture is the most prevalent employer in Meagher County.

Almost all of these services are situated in White Sulphur Springs. The frontier status is apparent when driving down its main street, which is approximately one mile long and boasts two grocery stores, four motels (none of which have more than 20 rooms), four cafés, and three bars.

The medical needs of Meagher County are served by the Charles M. Bair Clinic/Mountain View Medical Center, a six-bed hospital incorporated with a 31-bed long term care facility. Mountain View Medical Center is a Critical Access Hospital (CAH), which means that it has changed from being totally dependent on the local residents and their ability to pay, to being more dependent on Medicaid and Medicare for reimbursement. The change was facilitated by decreasing services and staffing levels, and adding a physician assistant, thereby qualifying for additional payment (Davis, McAdams, & Tilden, 1994, p. 223). Primary care and 24-hour emergency care are provided by two physicians and one part-time physician assistant.

Another element in the CAH designation is distance to other health care facilities. When the local residents or tourists require care not provided at the CAH level, they travel to or are transported via ground or air transport to larger medical facilities in the cities of
Billings (150 miles), Great Falls (94 miles), Bozeman (85 miles), or Helena (75 miles away from White Sulphur Springs). Patients returning to Meagher County following procedures or care not provided locally are often required to return, usually by private transport, to the larger communities for follow-up treatments.

In Meagher County, formal home health care is nonexistent. Home care is provided by lay people within informal networks in the community. These lay people are wives, husbands, children, or other relatives and friends who accept the responsibility to provide care and services required by the homebound and elderly. The responsibilities of the informal network may include shopping, preparing medications, assisting with household maintenance, personal care, and other duties usually designated as health care services. Most residents in Meagher County share a community spirit of caring for their own, resulting in familial closeness.

White Sulphur Springs is the base of Meagher County politics. It is a close-knit community struggling with diversification. There have been many changes in the community in the past 20 years, with the most significant being the loss of the timber industry in 1981. In the 1970's, the local lumber mill employed 75 people, most of whom had families. When the mill closed, most of those employees and their families, some of whom had lived in the area all of their lives, were forced to leave Meagher County in search of jobs.

In the schools, class sizes have dropped from between 20 to 30 students to 12 to 18, forcing the school district to eliminate teachers and cut back on programs. Local
businesses employ fewer people as the local population declines and residential income decreases. The recent census figures for Meagher County indicate that the population has dropped approximately 20% in the past 30 years. The population of Meagher County in 1970 was 2,212; in 1980 it was 2,154; in 1990 it was 1,819, and as of 1999 the population is 1,797 (State of Montana, 1993; U.S. Census Bureau, 1999a). Again, there are a significant number of elderly people residing in Meagher County despite the lack of services. Many of the county's older citizens treasure the history and rural simplicity of the community, while other past residents return to what they perceive as a lifestyle unique in freedom, independence and self-sufficiency, and rich in family ties and values. Newcomers often find themselves meeting a wall of resistance when they fail to recognize the importance of rural simplicity and small town pride among the residents of Meagher County.

Meagher County governmental policy and politics are the responsibility of a three-member County Commission. All three members of the commission have strong political ties within the state of Montana, are considered insiders within the community, have college educations, and most importantly have agricultural backgrounds. The official city government is made up of a part-time mayor and a city council who are responsible for making decisions about the well-being of White Sulphur Springs. However, there is also an unofficial city government made up of individuals who meet for coffee at the local cafés and discuss the pros and cons of new ideas. New ideas are quickly transmitted throughout these informal lines of communication, so most of the residents of Meagher County consider themselves well informed. In a town the size of White Sulphur Springs, it is
important to recognize these informal lines of communication and the quality of the
information they disseminate. As in change theory where new ideas are shared with key
people in the organization to enhance the probability that a change will occur, new ideas
can be developed with people in the community who would otherwise be resistant to
them. People who are considering living and working in White Sulphur Springs, including
primary care providers and teachers, must recognize and acknowledge who the key people
are in both the formal and informal political arena, a concept mandatory to successfully
promote new ideas and related change in many situations.

Objectives of the Project

The primary objective of this study is to determine the perceptions of the
residents of Meagher County about health care services and their feelings about the need
for a full-time family nurse practitioner.

1. Do the residents of Meagher County have health care needs that are not being
   met?

2. What do the local community members see as unmet health care needs of the
   community?

3. Would a full-time family nurse practitioner be able to fulfill the unmet health
care needs of Meagher County residents?
CHAPTER 2

LITERATURE REVIEW

Conceptual Framework

The Community as Partner Model (Anderson & McFarlane, 2000) was used as a tool to examine the community of Meagher County. The basis for the Community as Partner Model (Fig. 1, p. 10) is derived from General Systems Theory and subsequent use of this theory by Betty Neuman in her development of The Neuman Systems Model (Freese, et al. 1998, pp. 268-269). However, the General Systems Model is a social science theory, whereas The Neuman Systems Model and the Community as Partner Model are designed specifically as nursing theories. In The Neuman Systems Model (Fig. 2, p. 11), the client/patient is represented by the center of a circle, the central circle is a solid line surrounded by concentric circles made up of broken lines. The broken lines in this model represent the "flexible line of defense" and "lines of resistance"; the fact that they are broken indicates their flexible and dynamic nature.

In the Community as Partner Model, the center of a circle represents the individuals in the community. As in the concentric circles seen with the General Systems Theory or The Neuman Systems Model, there are broken lines surrounding the individuals like the hub of a wagon wheel. Attached to this hub are spokes, also broken lines, and each segment formed by these spokes denotes factors which affect the individuals within the hub.
Anderson & McFarlane (2000) describe these segments as subsystems representing the economy, physical environment, housing, education, health and social services, politics and government, recreation, safety and transportation, and communication of the community, and denoting factors affecting the individuals within the hub. The concept is that environmental factors affect individuals and individuals affect environmental factors in a symbiotic relationship, hence the broken lines of the model denoting flexibility. In keeping with the wagon wheel analogy, the spokes or segments are held together by solid lines, much like the iron rim of the wagon wheel. The solid line representing solid defense can best be described as the strengths of the community (Anderson & McFarlane, 2000).
Figure 1: Integration of the Nursing Process into Community as Partner Model

Used with permission from Elizabeth Anderson
Implementing the Community as Partner Model using Nursing Process

The Community as Partner Model (Anderson & McFarlane, 2000) was used as a tool to examine the community of Meagher County and the community’s perception of its health care services. The idea of viewing each aspect of the community as a unique product of its distinct environment lends itself well to the examination of rural health care.

The nursing process, a method of problem-solving used in nursing, provides an excellent tool for the community assessment required by the Community as Partner Model (Fig. 1, p. 10). It provides the means to determine if the data being gathered is accurate, precise, and leads to appropriate diagnosis, planning, implementation, and evaluation of the problem. In the first step of the nursing process, assessment, information about the patient/client/community is gathered, analyzed, and interpreted, leading to the second step of the nursing process, nursing diagnosis. The diagnostic phase of the nursing process should be adapted specifically to the community, using its input about what problems exist. Then, in partnership with the community, planning for the community’s health is accomplished (Glick, Hale, Kulbok, & Shettig, 1996; Hornberger & Cobb, 1998; Kang, 1995; Kulig & Wilde, 1996; Shuster & Goeppinger, 1996).

The implementation/intervention step of the nursing process should also be a collaborative effort between community members and health care providers. The physical and social environment will often influence the community’s response to planning and implementing of community health education and changes. Henson, Chafey, and Butterfield (1996) encourage use of “thinking upstream” when working with individuals in rural communities. They indicate that there are “three avenues for upstream interventions...
attack community-based problems at their roots, (2) emphasize the ‘doing’ aspects of health; and (3) maximize the use of informal networks” (p. 413). Butterfield (1996) explains, “The analogy of upstream versus downstream thinking is used as a literary tool to differentiate between strategies that are population directed versus those that are directed toward the individual,” (p. 70). In an agricultural based community this may mean providing farm safety programs at the elementary level of education or intervening with mothers to teach the importance of keeping their children safe in the agricultural environment. “Upstream thinking” also differentiates health promotion and disease prevention from treatment of acute illness states.

Many nurses practice in a hospital or ambulatory care setting where the primary focus is on the individual and his/her illness, not the family or community affected by the patient’s health status. “Upstream thinking” would assist families and communities by anticipating and providing education about the services required for individuals with disabilities. An example of this type of thinking would be a disabled child who may be seen in the hospital environment for complications of a disease process. Quite often, nurses are too willing to criticize the parents’ care while failing to recognize that the family is often in crisis due to the child’s illness. The crisis is often acute, but only a small part of the overall crises that the family lives every day. Furthermore, the community is often at a loss as to how it can support the family and provide services to individuals with disabilities and their families. Health care systems and nurses invested in family-centered and community oriented care could use this opportunity to collaborate with the individual,
family, and community to provide for "normalization" of the individual and family into the community (Ahmann & Rollins, 1995; Faux & Seidman, 1996; Hulme, 1999).

The final step of the nursing process is evaluation. Years of experience using the nursing process indicate that the evaluation should be continuous throughout the entire process. There is nothing more frustrating than assessing, planning, setting goals, and implementing an intervention only to learn via evaluation that there was a flaw in the interpretation of the assessment data.

**Identifying Underserved Population**

The Agency for Healthcare Research and Quality (AHRQ) indicates those groups as risk for inadequate health care services include "the elderly; the poor; people with HIV or AIDS; the homeless; mothers, children, and adolescents; racial or ethnic minorities; and persons with disabilities," (1999). Meagher County includes many of the groups at risk, including the elderly; poor; homeless; mothers, children, and adolescents; and persons with disabilities. Unfortunately, there are no statistics available to determine the prevalence of HIV/AIDS or homelessness in Meagher County at this time. However, there are statistics available on the elderly in Meagher County, which raise concerns about the future of the community. The population of the United States is growing older. According to Lee (1993, p. 219), in 1993, the elderly who are 65 and older, comprised 11% of the total population. She further indicated that this percentage would continue to increase as the "baby boomer" generation reaches retirement. This is evident in the population of Meagher County (Table 1, p. 10). According to the Montana Department of Public
Health and Human Services (MT DPHHS), the elderly population in Meagher County will increase to 27% by the year 2025 (2000c, pp. 1-5). The growing population of elderly in rural communities will create additional need for services. In Meagher County, where there are only 31 long term care beds and no formal home health care services, the increasing number of elderly will put additional burden on both formal and informal caregivers. Distance to health care facilities, where elderly patients can be treated for acute and chronic illnesses, will continue to be problematic. Increased demands for human and financial resources will be placed upon health care services, which will strain the already fragile economic fiber of the community.

While Montana ranks 19th nationally in percentage of people over age 65, it ranks 47th in the nation economically, with a median household income of $27,889. The national median household income is $34,076. Comparatively, Meagher County has a median household income of $20,625 (U.S. Census Bureau, 1999b).

According to statistics provided by the MT DPHHS (2000a), the number of people receiving food stamps, financial assistance from Families Achieving Independence in Montana (FAIM), and assistance with child care in Meagher County when compared to the rest of Montana, is relatively consistent. For instance, in May of 1999, Meagher County had 41 families receiving food stamps, with the food stamps providing meals for 100 people. This amounts to five percent of the population of Meagher County receiving assistance. According to the U.S. Census Bureau (1999b), however, approximately 426 children and 355 adults, or 43% of the population, live below the poverty level in Meagher County.
What does a low median household income mean in terms of poverty? In order to understand this question, it is necessary to understand that poverty can have many faces and mean many different things to different people. Here in the United States, poverty essentially means to do without. For the purposes of this paper, poverty means to do without income or financial security. The poverty level for Meagher County is calculated upon the income standards set by the federal government.

According to Acs, Phillips, & McKenzie (2000), “Families with an annual income less than 200% of the federal poverty line are labeled poor,” (p. 1). The United States Department of Health and Human Services (2001) indicates that $17,050 annually for a family of four is poverty level. Therefore, using the information provided by Acs et al, families with an income of $34,100 would be considered poor. Furthermore, if the guidelines are applied to the median income of families of Meagher County, their median income ($20,625) is only 121 percent of the poverty baseline. It may be deduced that most Meagher County families above the poverty level still fit into a category known as the working poor. “A broad definition of the working poor counts a family as poor if its income falls below twice the federal poverty line, and working if the average annual hours worked by all adult members exceeds 1,000 hours,” (Acs et. al, 2000, p. 1). Meagher County has a large percentage of its population living from paycheck to paycheck; this segment rarely prioritizes preventive health care over putting food on the table or making car or rent/house payments.
Poverty and homelessness are interrelated. A review of pertinent literature indicates the most prevalent definition of homelessness being used at this time is the definition provided by the Stewart B. McKinney Homeless Assistance Act of 1987.

(1) An individual who lacks a fixed, regular, and adequate night-time residence, and;
(2) an individual who has a primary night-time residency that is:
   (i) A supervised publicly or privately operated shelter designed to provide temporary living accommodation (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
   (ii) An institution that provides a temporary residence for individuals intended to be institutionalized; or
   (iii) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
   (iv) This term does not include any individual imprisoned or otherwise detained under an Act of Congress or a state law (Urban Institute, 1994).

However, the original definitions of homelessness have undergone substantial changes over the past 13 years. Due to the rural nature of Meagher County, the definition for homelessness will be the definition of rural homelessness provided by the National Coalition for the Homeless (NCH):

Understanding rural homelessness requires a more flexible definition of homelessness. There are far fewer shelters in rural areas; therefore, people experiencing homelessness are less likely to live on the street or in a shelter, and more likely to live in a car or camper, or with relatives in overcrowded or substandard housing (1999c, p. 1).

The Montana Homeless Survey conducted in April, 2000, showed that of the 1,331 homeless persons surveyed, 15% were living with family or friends; 7% were living in a camper, tent, or motor home; and 13% were living in a car (MT DPHHS, 2000b). These statistics have significant implications for my project as there is potential for these types of living situations in Meagher County.
While past studies have identified that men are more frequently homeless than women (Urban Institute, 1999), more recent studies indicate that women with children are frequently found to be homeless in rural areas (NCH, 1999c). The situation of single parents, primarily females, returning to their parents' home or living with other relatives in rural areas, is not unusual. Often these people don't see themselves as homeless, but instead view their living situation as a matter of necessity because of low income jobs, lack of marketable skills, lack of affordable housing, and/or domestic violence (NCH, 1999a). Furthermore, the NCH (1999b) cites domestic violence as the cause of homelessness not only for women, but for youth as well. “Many homeless youth leave home after years of physical and sexual abuse, strained relationships, addiction of a family member, and parental neglect” (p. 1).

Domestic violence in rural areas is not unusual. According to Kershner, Long, and Anderson (1998), “This study indicates that the rural women who presented for health care have experienced physical, emotional, and sexual abuse in their lives similar to, and possibly exceeding, their urban counterparts” (p. 430). Van Hightower and Gorton (1998) had similar findings:

Our analysis of domestic violence among women patients treated at two rural health care clinics found a prevalence rate of 19%. This rate of abuse is similar to the 17% rate of domestic violence injuries reported in a recent nationwide Department of Justice survey of emergency room admissions (p. 360).

The prevalence rates of domestic violence cited above when applied to Meagher County's female population of approximately 900 women would indicate that numerous women in this area have experienced domestic violence. However, in a telephone conversation with
the director of the Region Four Battered Women's Network in Bozeman (personal
communication, January 2000), she reported that they have received only two calls for
service from Meagher County in the past five years. There are a variety of reasons why
rural women and children stay or are kept in abusive situations. Krishman, Hilbert, Van
Leeuwen, and Kiola (1997) report that:

Rural environments pose special and specific difficulties for women in abusive
relationships given the paucity of resources, distances to the shelters, and little
community awareness of the issues of domestic violence and available relevant
helping services and resources," (p. 11).

The possibility of being homeless is only one of the issues faced by rural women.
Distance, isolation, financial deprivation, loss of acceptance, and lack of knowledge of the
local residents about abuse also play a role in keeping victims of domestic violence with
their spouses. The afore mentioned ideas are supported by Johnson (2000) of the Tri¬
state Rural Collaboration Project. “In rural areas, there is a lack of support services to
assist battered women in the process of leaving. If support services are available, there
may be a lack of public awareness as to how to access them” (p. 4). Lack of public
awareness affects many aspects of rural living, not for lack of caring in most cases, but
because of the importance of self-reliance. In a population where self-reliance and
independence are the important values, the risk factors indicated by the AHRQ (1999)
may not be considered by Meagher County residents to be risk factors. The need to assess
the perceptions of the residents is confirmed by the number of community members who
live in single family dwellings with their parents and children, their adult siblings and their
children, or call a camper a home.
Using Focus Groups to Determine Health Care Service Priorities in Frontier Communities

In order to determine the priorities for health care services in a community, the literature review indicates the need for nurses to assess the community, taking time to learn about the individuals within the community (Bailey, 1998; Glick et. al, 1996; Lassiter, 1992; Lee, 1993). This is considered to be true regardless of the size or location of the community. The health care provider's opinion about what the community needs should not interfere with or take priority over the perceived health care needs of the community residents. The community will not be committed to the changes required to enhance its health and wellness unless individuals within the community are empowered to identify the needs themselves. Hornberger and Cobb (1998) state, "Community participation is the right of the people to participate as equal partners with health care professionals in planning and implementing their health care" (p. 367).

One way of initiating community involvement and determining community priorities is to meet with focus groups. According to Gibbs (1997), "The main purpose of focus group research is to draw upon respondents' attitudes, feelings, beliefs, experiences, and reactions in a way in which would not be feasible using other methods..." (p. 2). The use of focus groups in a community needs assessment is supported by Schroeder and Gadow (2000). They state, "[Focus] groups provide a forum for generating innovative solutions to chronic problems. Gathered in a group to discuss health values and needs, community members are considered the primary informants of the research process" (p. 87).
The Role of the Advanced Practice Registered Nurse in Meeting Community Health Care Needs

The role of the Advanced Practice Registered Nurse (APRN) in meeting Meagher County's needs requires flexibility and astute assessment skills. Flexibility is a quality allowing APRNs to recognize and utilize the various skills acquired during their education and working experience. A nurse with a background in family nursing, which emphasizes the need for viewing patients and their families holistically, enhances the global thinking required to look not only at the patient but the environment. The holistic approach encourages the use of home visits and environmental evaluation. An ability to enhance the patient's and community's trust is a necessary skill to determine patient and community needs. In order to establish trust, the APRN must go to the community and question community members about their perspective on local health care problems and needs.

Glick et al. (1996) state, "Health should be planned and delivered in a way that is acceptable to the people and that is supported by an appropriate infrastructure" (p. 44).

Gilliss and Mundinger (1998) describe the role of the APRN as one in which the same information is used by the APRN and physician. However, while some of the same treatment modalities are appropriate, the patient and family seen by the APRN have a more active role in the patient's care. The APRN functions from a different "perspective, skill mix, and scope of care" (Gilliss and Mundinger, 1998, p. 175). The flexible approach and educational background of the APRN provides alternatives to rural communities like Meagher County in that primary care can be offered at locations outside
of the traditional physician’s office. Nurses are comfortable providing home or nursing care in other nontraditional settings.

A provider who has an active role in the community in areas of home and school visits, facilitation of health promotion and disease prevention, and community primary care provision, would enhance the independence and self-reliance of Meagher County residents. Using the Community as Partner Model to guide assessment in the frontier community of Meagher County, facilitates the maintenance of focus on the environmental factors that govern the residents’ lives. The nursing process defines the steps by which the process of assessment advances. In identifying the individual characteristics of Meagher County through review of published demographic statistics and doing a windshield assessment, the unique characteristics of the community have become evident. However, this information is external and requires further examination of the community on a more in-depth level. The review of literature indicates that rural communities similar to Meagher County have groups at risk for inadequate health care services. These groups have been identified and pertinent literature examined prior to implementing local research.
CHAPTER 3

METHODOLOGY

Project Design

This study was conducted using qualitative and quantitative research methods. Qualitative research is used frequently by the nursing community to describe and record observations of the communities in which they work. According to Burns and Grove (1997), “Qualitative researchers use structured and unstructured observations and communications as a means of gathering data,” (p. 27). A community assessment is a qualitative and quantitative method of determining the needs of a select community including compilation of specific pieces of information. An example of a community assessment is the review of census and other statistical data, observed phenomena, and the integration of community opinion into the final product. The Community as Partner framework embraces this approach toward community assessment and outcome development, thereby allowing for ongoing data analysis. The central core participants for the Community as Partner Model are the people or individuals residing within the community. An accurate observation of the interaction between the people and the environment in which they live can provide the basic data necessary to interpret the phenomena observed (Burns & Grove, 1997; Polit & Hungler, 1999).
Subjects

Subjects for my study were identified as key people in the community of White Sulphur Springs because of their active roles in the social, educational, medical, and historical structure of the area. Three groups of participants were identified for focus group discussion. These participants were volunteers from the Parent Teacher Association (PTA), senior citizens, and the medical community. Each focus group included six to seven volunteer participants. By using volunteers within the PTA, senior citizens, and medical community, a cross-section of diverse age and economic backgrounds was produced within the demographics of the community. Volunteers were gathered by referral in which persons known to me contacted other participants and, in the senior citizens’ case, a brief presentation was done prior to asking for volunteers. Focus group discussion provided a diverse variety of views with regard to health care services available and needed in Meagher County. Input from the focus group discussions also determined that there was a perceived need for a full-time nurse practitioner in the community if she or he were trained in caring for mental health clients.

Data Collection

Three focus groups of up to seven volunteers each were used to determine the community’s needs. Questions were designed with the intention of developing a collaborative partnership with community members in identifying and addressing areas of concern. Wallerstein & Sheline (1998) state, “Focus groups are useful for collecting
information on health issues or community perception on priority health problems” (p. 115). The setting of the focus group meetings was mutually comfortable for the participants and the facilitator. The facilitator acted as the gatekeeper by directing the initial course of discussion, establishing ground rules, and moderating when discussion digressed or lapsed (Helitzer, Rhyne, Skipper, & Kastelic, 1998, p. 185). All focus group participants were informed of their right to withdraw from the discussion at any time, prior to beginning the discussion. They were also asked to sign a letter of consent and permission to audio tape prior to beginning the discussion (Appendix C).

Data Collection Instrument

The instrument (Appendix B) developed to gather information for this study explored the perception of residents of Meagher County about their health care needs. The questions used were developed to meet the objectives of this project. This was accomplished by acknowledging that the members of a community are far more likely to accept change if they are given ownership of the change. As the population of White Sulphur Springs and other frontier and rural communities change, so will the health care needs of the residents. In order to determine what those health care services and needs are going to be, the study participants were asked to first identify how they felt about the health care services in White Sulphur Springs. The participants were then asked if they felt that current health care services meet the needs of all of the residents of Meagher County. In question three, the participants were asked to identify what health care services they felt are needed in White Sulphur Springs. The fourth and fifth questions
asked for a delineation of health services currently available to residents. Questions one through five were broad, open-ended questions, which allowed the participants to describe the providers and services available and unavailable at this time in Meagher County. After the participants were done discussing the services available in White Sulphur Springs, the sixth question, a closed question, directed the participants to identify the services and needs of specific at risk groups. These at risk groups were identified in the review of literature and included the elderly, the homeless, the mentally ill, victims of domestic violence, and the disabled.

Questions seven through nine addressed whether the participants knew what a family nurse practitioner (FNP) might be, and if participants felt they could use an FNP in Meagher County. Finally, the issue of whether the community could afford to employ a family nurse practitioner was raised.

Data Analysis

The data gathered were analyzed continually throughout the study by means of personal observation, literature review, and focus group interviews. The resultant responses during the interviews became part of the audio tape record. The initial discussion with the PTA focus group was analyzed for the development of categories. Polit & Hungler (1999) describe this initial step as open coding or level one coding (p. 583).

The interviews were then entered into the Ethnograph Program (1998), at which time the interviews were again reviewed and the application of the categories integrated
into the resulting data. The data were then broken out into clusters which were processed for the identification of connections and relationships between the segments. The Ethnograph Program allows the data to be arranged in various clusters or segments to look for relationships. Level II coding looks at the data arranged into different clusters to determine if there were connections between the various categories and how those categories were related to each other. Memos were kept throughout the coding process, so the researcher was able to keep track of the abstract ideas and thoughts generated while reviewing the data. After all categories were synthesized, a concept was formulated (Burns & Grove, 1997) and a “core category” selected or “selective coding” performed. Selective coding was the integration step of the process, where all categorical relationships were identified. The result of the Level III coding was the description of the phenomena observed in terms of a concept or hypothesis (Burns & Grove, 1997; Polit & Hungler, 1999).

The Rights of Human Subjects

The volunteer participants were made aware, prior to the focus group discussion, that they were not required to respond to any or all of the questions if they felt the question was an invasion of privacy or that answering any questions would cause them personal embarrassment or harm. The participants were also informed that they could withdraw from the study at any time, and that demographic information from this study would remain confidential and would become significant only in the end reporting of grouped statistical data. All human subjects involved in the focus groups received a letter
of explanation (Appendix C) of the study prior to the focus group discussion, thus allowing them the option of not participating (Burns & Grove, 1997; Polit & Hungler, 1999). The letter of explanation covered the purpose of the study and the value of using information gathered from community residents.

All participants were requested to refrain from discussing the details from the group in which they participated to avoid taking issues or content out of context. Sharing of this kind of information could have ultimately prejudiced future discussion group participants, altered the outcome of the study, or infringed upon other participants’ right to privacy.
CHAPTER 4

PROJECT OUTCOME

Discussion of Findings

The Community as Partner Assessment Model was used to conduct a quantitative and qualitative study in the frontier community of Meagher County. The use of this nursing model facilitated the organization and direction for the development of focus group questions. For the purpose of this study, previously published data and statistical information on Meagher County were reviewed prior to the focus group interviews. Review of literature specific to Meagher County and rural communities in general provided insight into potential health care needs that have been experienced locally and in other geographic locations.

Participants for the focus group interviews were identified through familial connections and review of the Meagher County News. Each focus group was selected for its active role in the community. These groups included the medical community, the PTA, and the senior citizens as described in Chapter 3.

The tool designed to collect demographic information (Appendix B) was completed by participants from all three groups, a total of 20 individuals. Twenty people from Meagher County represent more than one percent of the total population. Of the 20 participants, only 7 provided an average yearly income. Based upon the information provided by these 7 participants, the average income is $29,857.
The average age of the participants interviewed was 48, with an age range of 26 to 71. The sample consisted of 5 males and 15 females. Participants’ children totaled 39, 20 of whom are currently attending the local school system and 1 who is being home schooled. Seventy-five percent of the participants were married, 10% were divorced, and the remainder were either single or widowed. Sixty percent of the participants interviewed or their immediate family members were involved in agriculture. Finally, of the participants interviewed, 75% have at least major medical insurance and 25% have no insurance.

All participants were provided with background information about the purpose of the community assessment and all signed informed consent forms (Appendix C) provided by the researcher. The participants were all known to each other and most were previously known to the researcher. The interviews were held at the Meagher County Library, which was easily accessible to all participants.

**Objective One**

The focus group discussions provided an extensive amount of information with regard to the objectives of this study. The first objective of this project was to determine if the residents of Meagher County have health care needs that are not being met by the health care providers already in place. In order to explore this objective thoroughly, it was necessary to first determine what health care providers and services the participants identified in Meagher County. Questions one and four (Appendix B) from the interview discussions asked for information about health care providers and services available in
Meagher County. Table 2 supplies information about health care providers, while Table 3 (p. 32) delineates services as identified by participants.

Table 2: Providers Present in Meagher County as Identified by Participants

<table>
<thead>
<tr>
<th>Providers</th>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physicians</td>
<td>2</td>
<td>Full-time</td>
</tr>
<tr>
<td>Dentist</td>
<td>1</td>
<td>Full-time</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>1</td>
<td>Full-time / Home visits / Hospital</td>
</tr>
<tr>
<td>Psychologist</td>
<td>1</td>
<td>1 day/week</td>
</tr>
<tr>
<td>Nurses (RN &amp; LPN)</td>
<td>11</td>
<td>24 hours per day/ 7 days per week, 1 office</td>
</tr>
<tr>
<td>Parish Nurse</td>
<td>1</td>
<td>Volunteer-Retired RN</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>1</td>
<td>Part-time</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1</td>
<td>Full-time</td>
</tr>
<tr>
<td>Chiropractor / Acupuncturist</td>
<td>1</td>
<td>Full-time</td>
</tr>
<tr>
<td>Health Department Nurse</td>
<td>1</td>
<td>Part-time</td>
</tr>
<tr>
<td>School counselor</td>
<td>1</td>
<td>Full-time</td>
</tr>
<tr>
<td>Massage Therapist</td>
<td>2</td>
<td>By appointment</td>
</tr>
</tbody>
</table>

Participants said that nurses who live in Meagher County play an important role in the community. These health care professionals are deeply appreciated for their ability to multitask to meet the residents' health care needs. Participants in the senior citizens groups discussed the activities of various nurses in the community, including the retired nurse who is seeing elderly people to set up their medications and provide other necessary services. Their description of the retired nurse's activities fits that of a parish nurse.

Other nurses were positively discussed for their various contributions to the well being of the community. Nurses are responsible for a variety of non-nursing tasks available in Meagher County, including respiratory therapy, with home oxygen being an example. The oxygen company that serves the Meagher County area does not have an office in White Sulphur Springs; they do, however, have a Licensed Practical Nurse (LPN) hired to serve as contact person. The LPN is able to access oxygen tanks and supplies, if needed, during the time between the oxygen company's scheduled visits.
Table 3: Services Available in Meagher county as Identified by Participants

<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
<th>Services</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>1 Primary Care Clinic</td>
<td></td>
<td>Hospital</td>
</tr>
<tr>
<td></td>
<td>5 days/week and on-call</td>
<td>6 beds, attached to nursing home</td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>24 hours/day</td>
<td>Nursing Home</td>
<td>31 beds</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>5 days/week</td>
<td>Ambulance</td>
<td>Volunteer, 24 hours/day</td>
</tr>
<tr>
<td>Home Oxygen</td>
<td>On-call locally, Respiratory Therapist visits 1 day/week</td>
<td>Meals-On-Wheels</td>
<td>7 days/week</td>
</tr>
</tbody>
</table>

Objective Two

The second objective of this study was to specifically identify the unmet health care needs of the residents of Meagher County. The unmet needs of the residents of Meagher County were initially identified through the use of discussion questions two, three, five, and six (Appendix B). These questions approached the unmet health care needs in various ways. The first approach was very direct; participants were asked what they felt were the unmet health care needs of the residents of Meagher County. The second approach was to ask what health care services were provided to the community members by resources outside of Meagher County. The third approach was to ask specific questions about the provision of health care services to the populations described by the Agency for Health Care Quality and others, as described in Chapter 2. Populations at risk included the elderly, the homeless, victims of domestic violence, and persons with special needs including cardiac rehabilitation and respiratory therapy. Participants' responses indicated an overwhelming need for, and prioritization of, the traditional services in place.

All participants responded affirmatively to the questions about unmet health care needs within the community, that there are going to be unmet health care needs within the community; but the participants accepted this as reasonable. Their collective opinions
indicated that a community as small as White Sulphur Springs, with the population base of 1,797 people in the entire county, cannot support all of the services needed for each of the residents of Meagher County. As long as there are ambulance services in addition to the 24-hour emergency room services, the participants felt satisfied that they could be transferred to more populated areas to receive more specialized care. Many participants were able to provide anecdotal stories of situations in which close family members or friends have been saved by having 24-hour emergency services locally. The community is very satisfied with the physicians currently in place and are supportive, for the most part, of the care they receive in White Sulphur Springs.

All participants also agreed that there are vital health care needs among the residents of Meagher County that are not being met at this time (Fig. 3, p. 34). Two additional needs emerged as especially strong concerns to community members. These needs are mental health resources and home health care, or alternative services, that would allow older residents of the community to remain in their homes as long as possible.

The lack of mental health services, a recurrent theme in the qualitative analysis of Meagher County, is a major concern to many community members. The lack of mental health services affects all age groups in Meagher County. Various participants share their frustrations with the inability to access anything from counseling to psychiatrists for people in need of that type of care. The only options available are the local primary care providers, a visiting psychologist, the school counselor, and the education cooperative psychologist. The psychologist from the education co-op is limited to providing services to children eligible for special education. The local primary care providers are
comfortable with situations within their scope of practice, but are extremely dissatisfied with the lack of mental health resources for clients in need of more intensive mental health care. Participants who are involved in education verbalized a lack of response from mental health resources outside of the community. This lack of responsiveness is blamed for a perception that there is less reporting and recording of mental health issues, domestic violence, and even suicidal behavior since there is no available resource to deal with them. Crisis intervention is nonexistent “unless the gun is pointed at someone’s head” (focus group participant).

Participants believe the development of formal and informal networks to provide opportunities for the elderly and homebound clients to remain in their homes, is currently in progress. The determination of hospital administrators and the medical community to provide for home health care from within Meagher County is far more acceptable to residents than receiving care from outreach programs. The provision of formal home
health care as described will result in multitasking for many members of the medical community, but, according to the participants, is the norm for this community. Participants outside of the formal health care systems already provide much needed informal assistance to the elderly and disabled (informal networks) in terms of delivering Meals-On-Wheels and addressing the needs of the elderly when they are called. Local community members are active in "looking after each other" or "taking care of our own", according to participants.

One of the questions presented to participants of the focus groups was based upon the definition of rural homelessness used in this paper, provided by the National Coalition for Homelessness (NCH). The response from the participants was overwhelming rejection of that definition. Again, the community feels that it has a responsibility to "take care of its own" and were adamant about the fact that such a definition devalues the concept of extended family. Many participants described situations where they have had to depend upon extended family for a variety of reasons and, in most cases, would open their doors to family members should the need arise. They accept the additional risks and needs inherent in these situations, but deny that they are homeless health care needs. According to participants' responses, they never felt homeless at any time. Living with extended family was a necessity, mutually agreed upon by all parties.

Overall, the participants indicated that local health care services in Meagher County are adequate for their basic needs. They are frustrated over the lack of mental health care but acknowledge that this is a statewide problem, not just a local problem. In terms of providing and planning for the growing population of the community's elderly,
residents have begun to address the problem locally rather than depending on services from outside Meagher County. One example of this type of problem-solving is the program currently being developed with the local high school, which would provide the opportunity for students interested in the health care field to become Certified Nursing Assistants (CNAs). According to participants, this type of training is beneficial to the school, hospital, and community. It provides “on the job training” for local students and assists in the development of a local pool of CNAs for the hospital.

Participants generally agreed that outreach services are less reliable and dependable than services generated locally. In fact, when the issue of domestic violence was brought up, many of the participants were unaware of the existence of the Region Four Battered Women’s Network in Bozeman. No one in the three focus groups knew if there was a local contact for victims of domestic violence, although most agreed that there are some incidents of domestic violence within the community.

Objective Three

The third objective in this study was to determine if a full-time family nurse practitioner (FNP) would be able to fulfill some of the unmet health care needs of Meagher County residents. The objective was addressed in questions seven, eight, and nine of the focus group interviews. In response to the question of whether participants were familiar with FNPs, the responses were mixed. The focus group made up of PTA members indicated that they were familiar with the concept of a nurse practitioner and, in fact, some see a nurse practitioner in Livingston for their annual checkups. The other two
groups had questions about the role of the FNP, the scope of practice, and the difference between a nurse practitioner and a physician assistant. This information was provided and most participants felt that a family nurse practitioner in the community would be “nice.” However, they would be more interested in having an advanced practice nurse if he/she was able to provide mental health care. Participants indicated that they are satisfied with the current primary care providers and are uncertain that the community could financially support another primary care provider.

Summary of Outcomes

The use of the Community as Partner Model to develop and carry out this study was very rewarding. It provided the structure necessary to look into the environment and values within this frontier community.

Objective One

Objective one was met. Participants identified that there are health care needs in Meagher County which are not being met, but they were grateful to have the services that are available in White Sulphur Springs. Some of the senior citizen participants related stories of a time when there was only one, or even no primary care providers in the community, and at that time no emergency medical services.

Objective Two

Objective two was met. The addition of closed questions, which identified groups at risk, was more helpful in eliciting information about the nature of the unmet health care
needs in Meagher County. The health care needs most frequently identified in this line of questioning, were for services allowing the elderly to remain in their homes, and for better mental health care services. The participants felt that all avenues of mental health care services need improvement, and many respondents were able to provide anecdotal examples of times they were aware of in which professional mental health care services were necessary, but unavailable. In at least one instance, the results were fatal. Other health care services not available included prevention or intervention for domestic violence victims. Participants stated that, should the victims be seen in the emergency room, they would receive appropriate care for trauma. However, in terms of identifying them as victims of domestic violence there are no special actions that are taken.

When participants were questioned about health care services for the homeless, the general reply was that, if there were to be homeless persons in White Sulphur Springs, they would be treated the same as any other patient. When questioned about the definition of rural homelessness, participants denied that cohabitation of extended families should be considered homeless.

**Objective Three**

The third objective was met. The third objective was to ascertain whether participants perceived that a full-time family nurse practitioner (FNP) would be able to fulfill the unmet health care needs of Meagher County residents. In determining the potential for a full-time nurse practitioner to fulfill the identified needs, the researcher determined that there is still some confusion as to the difference between nurse
practitioners and physician assistants. Since the community employs a physician assistant, the addition of home health care services would allow for the physician assistant to be considered for a full-time position if she offered home visits as part of her practice. Participants felt this would facilitate health care services for “shut ins” or homebound residents.

An advanced practice nurse with a background in mental health would seem to provide a marginal solution for the lack of mental health services in Meagher County. A nurse in this role would facilitate the needs of families more adequately in many aspects due to a nurse's ability to view the client in a family-centered environment. In view of the participants' responses to the issue of the family taking care of its own, this would seem a reasonable solution.

The researcher found that the concepts of self-reliance and independence remain alive and well in the rural/frontier residents and their community. Other themes which presented themselves in the analysis of the group interviews were: 1) “taking care of our own,” 2) the importance of extended family, and 3) multitasking to meet community needs. Participants in the focus groups indicated that the community is more interested in meeting the health care needs of the community versus relying upon outside resources for services.

Limitations of Study

The primary care providers were less verbal about the health care needs in the community than expected. This lack of response may have resulted, at least partly from an
unusual set of circumstances; the researcher, who grew up in White Sulphur Springs, is still considered an “insider” by many of the participants, but the primary caregivers who participated had been in the community for less than three years. This insider status may be due to continued familial ties in this community, as well as the fact that the researcher grew up with many of the participants interviewed.

Other limitations involved situations that were beyond the control of the researcher. The first was a blizzard on the morning preceding the scheduled interview with the senior citizens group. While the older residents of Meagher County are very adept at dealing with snow, participation of volunteers from outlying areas may have been restricted by common sense and judgment; consequently, several did not take part. The second unexpected and unavoidable event was a local emergency, which required the participation of many members of the local medical community. Therefore, it was decided, to cancel the interview and schedule it for the following week. While the second attempt at interviewing resulted in an adequate number of participants, some participants who would have attended the first time were unable to meet with the discussion group at the second scheduled time. Finally, while the focus groups provided an abundance of interesting information, there were other community members interested in participating who were unable to do so for a variety of legitimate reasons.

Implications and Recommendations for Further Study

There are a variety of implications for further study. The first is the need for better mental health care resources. As pointed out by one of the participants in this study, the
whole mental health issue in Montana is “unconscionable” and the system needs to be fixed before it gets any worse. There are a number of mentally ill people in every community who are not able to get the mental health care they currently require. The mentally ill in Meagher County are fortunate to have a community that “takes care of its own.” However, this is not the case in all communities, nor does it provide a solution for the ongoing state of mental health care services. The lack of mental health care resources is an issue that should be studied further and resolved.

Rural homelessness is an area which would indicate a need for further study. The idea of whether members of rural/frontier communities agree or disagree with the NCH definition of homelessness (p. 17) would provide necessary information for the development of future programs. The value of extended family responsibility is a concept that the participants of this study vigorously defend. In many countries and various societies, extended families, living under one roof, provide stability and cohesiveness within the family structure. For instance, the presence of a grandparent in a home where there are two wage earners may provide the authority figure necessary to provide structure for children while parents are working. Also, an examination of how extended families work in Meagher County could provide some interesting insight into why there are so many well-educated people returning to Meagher County where they will work for minimal salaries compared salary possible in larger communities.

The application of the Community as Partner Model as a method for assessing rural communities should be carried out in similar areas to determine the needs of residents of other rural communities. Furthermore, additional study should include
individual interviews in addition to focus group interviews for extended insight into the residents of the individual community.
REFERENCES CITED


APPENDICES
APPENDIX A

MEAGHER COUNTY MAPS
MEAGHER COUNTY
AND SURROUNDING AREA
APPENDIX B

DATA COLLECTION INSTRUMENTS
Perceptions of Health Care Services

Demographic Information

All volunteers have the right to withdraw from this discussion group at any time. The questions on this page do ask for personal information; however, the information will only be used in the final analysis of this project and no individual involved in the discussion will be identified by name.

Age: ____________  Gender: M F
Marital status: M D W S
Do you have children: Y N
Are your children in the local schools: Y N
Are your children home schooled: Y N
How many children do you have: ____________
Do you or any of your immediate family work in agriculture: Y N
Do you have health insurance: Y N
What is your average yearly income (optional): ________________
Do you understand that the discussion you are being asked to participate in is part of a qualitative study related to rural communities: Y N
Do you understand that you have the right to withdraw from the discussion group at any time during the course of the discussion: Y N
Do you understand that the discussion will be audio taped for the purpose of review to overall discussion at a later time: Y N
Discussion format:

This discussion will be held at the local public library, which will be mutually comfortable for the participants and the discussion facilitator. Coffee, tea and cookies will be served prior to the discussion. Participant will be informed of their rights and ask to sign letters agreeing to participation in the discussion group and permission to audio tape.

I will, as discussion facilitator, introduce myself and the purpose of the project. The discussion facilitator does not take an active role in the actual discussion, functioning only to supply questions for discussion, monitor the discussion to keep it from digressing from the questions, and clarify issues as necessary.

The questions presented will be discussed for approximately 10 minutes per question with the entire discussion time taking one to one and one-half hours.
Questions to be discussed:

1. How do you feel about the health care services in White Sulphur Springs?
2. Do you feel the health care services in White Sulphur Springs meet the needs of all of the residents of White Sulphur Springs?
3. What health care services do you feel are needed in White Sulphur Springs and the surrounding area?
4. Outside of the hospital and clinic, what health care services are available in White Sulphur Springs and the surrounding area?
5. Are there services provided to residents of White Sulphur Springs by health care providers from outside of the community? What are these services?
6. What health care services are available for members of the community who experience homelessness? Mental illness? Domestic violence? Require respiratory therapy, physical therapy, or cardiac rehabilitative services?
7. What is a Family Nurse Practitioner?
8. Based upon your understanding of the role of a Family Nurse Practitioner, do you think that one could assist the members of the community in receiving health care services not currently available?
9. Do you feel that another health care professional is needed in the community?
APPENDIX C

HUMAN SUBJECTS INFORMATION
Mary Clair McGuire  
1209 Grant Avenue  
Havre, MT 59501  
(406) 265-8700

Dear ____________________________  

March 8, 2001

You are being asked to participate in a community assessment of Meagher County. The purpose of this study/assessment is to develop an increased understanding of health care services, health care needs and ultimately health care priorities of Meagher County specifically and a frontier community, in general.

You were identified as a potential participant for this study through familial connections in the community and a review of the Meagher County News. Your active role in the community based services, indicate you are interested in the overall welfare of community residents.

If you agree to participate, you will be asked to meet for a semi-formal discussion of the status of health care in Meagher County. Three focus groups will meet to share opinions about issues and ideas about solutions. You will participate with the focus group based upon your active participation in the medical community, the educational community, or the senior citizen community. These focus group meetings will take place at the library community room, which is easily accessible to all participants. The round table discussions are scheduled to last approximately one and one-half hours and will begin with questions supplied by the researcher.

The semi-formal discussions will be audio taped and you will be asked to provide some basic demographic information. The audio tapes will be transcribed by a non-local typist and your names will by converted to numbers. The basic demographic information you provide will be kept in a locked file along with the audio tapes and transcripts. The only persons having access to the raw data will be myself and the people on my project committee.

The only identified risk involved in this study is that discussion among involved participants could be taken out of context. Therefore, I am requesting that you not share the information discussed with persons outside of your discussion group. All discussion group participants will be at least 18 years old.

The study of the community is of no direct benefit to you.

If you do not wish to participate please a feel free to decline. There will not be any further discussion or repercussions.

Prior to beginning discussions you will be asked to sign a consent form indicating your willingness to participate. If you have any questions about this
study please feel free to contact me or my project chairperson at the addresses listed.

This study and reproduction of the results are funded by the researcher. There will be no cost to you as a participant. The results of this study will be shared for the purpose of student education, possible publication, and presentation. It may also be available to you upon request.

This study is being conducted as the final phase of the project I am completing in partial fulfillment of the requirements for the Masters of Nursing degree at Montana State University-Bozeman.

Thank-you for your time and consideration,

Mary Clair McGuire, RN, BSN

Mary Clair McGuire, RN, BSN or Beth Metzgar, MS, FNP
MSU-Bozeman College of Nursing Committee Chairperson
Graduate Student MSU-Bozeman, Missoula
1209 Grant Ave. Campus
Havre, MT 59501 32 Campus Drive
406-265-8700 Missoula, MT 59812-8238
mcguire@hi-line.net 406-243-6515

If you have any questions about human subjects protection, you are encouraged to contact:

Dr. Charlene Winters
Montana State University-Bozeman
Chairperson, CON Human Subjects Review Committee
(406) 243-6515
SUBJECT CONSENT FORM
FOR
PARTICIPATION IN HUMAN RESEARCH AT
MONTANA STATE UNIVERSITY

COMMUNITY AS PARTNER: A FRONTIER COMMUNITY’S
PERCEPTION OF HEALTH CARE SERVICE

You are being asked to participate in a community assessment of Meagher County. The purpose of this study/assessment is to develop an increased understanding of health care services, health care needs and ultimately health care priorities of Meagher County specifically and a Montana frontier community in general.

You were identified as a potential participant through familial connections in the community and a review of the Meagher County News. Your active role in the community based services indicate you are interested in the overall welfare of community residents.

If you agree to participate you will be asked to meet for a semi-formal discussion of the status of health care in Meagher County. Three focus groups will meet to gather information about health care services, unmet health care needs and possible solutions in meeting the identified needs. Participants will be assigned to a focus group based upon their active participation in the medical community, the education community or the senior citizen community. These focus group meetings will take place at the library meeting room, which is easily accessible to all participants. The discussions are scheduled to last approximately one and one-half hours and will begin with questions supplied by the researcher.

The only identified risk involved in this study, is that discussion among involved participants would be taken out of context.

The study of the community is of no direct benefit to you.

You will be asked to provide basic demographic information. Demographic data will be grouped in the final reporting of the project to maintain the privacy of the focus group participants. The semi-formal discussions will be audio taped. The audio tapes will be transcribed by a non-local typist and your names will be converted to numbers. All of the raw data, audio tapes, and transcripts will be kept in a locked file. Only the researcher and her committee members will have access to this information.
If you do not wish to participate please feel free to decline. There will not be any further discussion or repercussions.

This assessment and any reproduction of the results of the assessment are funded entirely by the researcher. There will be no cost to you as a participant. The results of this study will be shared for the purpose of student education, possible publication, and presentation. It may also be available to you upon request. If you have any questions with regard to this study please direct them to the researcher or her committee chair at:

Mary Clair McGuire, RN, BSN
MSU-Bozeman College of Nursing
Graduate Student Researcher
1209 Grant Ave.
Havre, MT 59501
406-265-8700
mcguire@hi-line.net

Beth Metzgar, MS, FNP
Committee Chairperson
MSU-Bozeman, Missoula Campus
32 Campus Drive
Missoula, MT 59812-8238
406-243-6515

This consent form will be placed in a locked file at the Montana State University-Bozeman, College of Nursing. It will be kept in a locked file for a period of five years and then destroyed. If you have any questions about human subjects protection, you are encouraged to contact:

Dr. Charlene Winters
Montana State University-Bozeman
Chairperson, CON Human Subjects Review Committee
(406) 243-6515

“AUTHORIZATION: I have read and understand the discomforts, inconvenience and risk of this study. I, ___________________________ (name of subject), agree to participate in this research. I understand that I may later refuse to participate, and that I may withdraw from the study at any time. I have received a copy of this consent form for my own records.

Signed: ___________________________

Witness: _________________________

Investigator: _____________________

Date: ____________________________.”