



# COMMUNITY HEALTH NEEDS ASSESSMENT 2019

ASSESSMENT CONDUCTED BY  
DANIELS MEMORIAL HEALTHCARE CENTER



**Daniels Memorial**  
HEALTHCARE CENTER



**MONTANA**  
STATE UNIVERSITY

Office of Rural Health  
Area Health  
Education Center

IN COOPERATION WITH  
THE MONTANA OFFICE OF  
RURAL HEALTH

SCOBEEY, MONTANA

**Daniels Memorial Healthcare Center  
Community Health Needs Assessment  
Table of Contents**

I. Introduction .....	3
II. Health Assessment Process .....	4
III. Survey Methodology.....	4
IV. Survey Respondent Demographics.....	6
V. Survey Findings .....	11
VI. Key Informant Interview Methodology .....	53
VII. Key Informant Themes .....	53
VIII. Executive Summary .....	55
IX. Prioritization of Health Needs, Available Resources, and Implementation Planning Process .....	56
X. Evaluation of Activity Impacts from Previous CHNA .....	58
Appendix A – Steering Committee.....	61
Appendix B – Public Health and Populations Consultation .....	62
Appendix C – Secondary Data .....	63
Appendix D – Survey Cover Letter .....	67
Appendix E – Survey Instrument.....	68
Appendix F – Responses to Other and Comments .....	78
Appendix G – Key Informant Interview Questions .....	78
Appendix H – Key Informant Interview Notes .....	78

# Community Health Services Development Report March 2019

## I. Introduction

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Daniels Memorial Healthcare Center (DMHC) is a 25-bed Critical Access Hospital (CAH) and Rural Health Clinic (RHC) based in Scobey, Montana. DMHC serves the Daniels County population of 1,751 people spread over 1,426 square miles. DMHC is the only hospital in Daniels County and serves the communities of Scobey, Flaxville, Four Buttes, Peerless, and Whitetail; with most of the County's populated communities located along US 13 or US 5. Daniels County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



*Daniels Memorial Healthcare Center*

In addition to clinic appointments, Daniels Memorial Healthcare Center offers: rehabilitation services including a therapy pool, speech and physical therapy; CT Scan, MRI and Mammography services; and telemedicine services.

**Mission:** Daniels Memorial Healthcare will be Montana's leading critical access hospital for patients and caregivers.

**Vision:** Daniels Memorial Healthcare Center delivers high-quality healthcare to our community with compassion and respect.

**Core Values:**

- Trusted and compassionate care
- Workforce development
- Motivated and inspired personal accountability
- Teamwork

Daniels Memorial Healthcare participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health. Community involvement in steering committee meetings and key informant interviews enhance community engagement in the assessment process.

In the winter of 2019, Daniel Memorial Healthcare Center's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are

invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2019 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2016 and 2013. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

## **II. Health Assessment Process**

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A Steering Committee was convened to assist Daniels Memorial Healthcare Center in conducting



CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in November 2018. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the

survey and focus groups and to assist in the prioritization of health needs to address.

## **III. Survey Methodology**

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### **Survey Instrument**

In January 2019, surveys were mailed out to the residents in Daniels County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

### **Sampling**

Daniels Memorial Healthcare Center provided a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 592 residents was then selected with the assistance of the MSU HELPS lab.

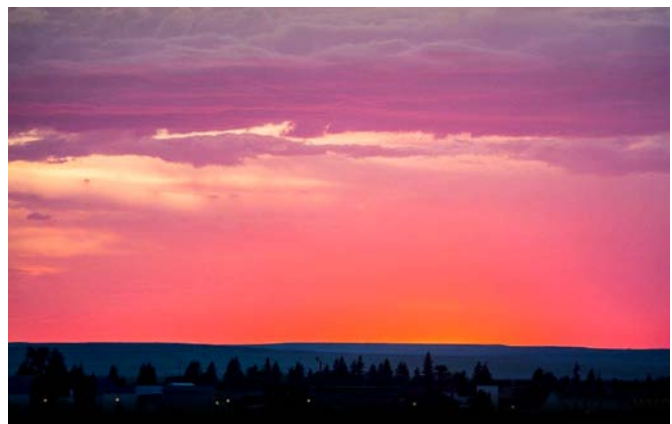
Residence was stratified in the initial sample selection so that each area would be represented in

proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

Four key informant interviews were conducted to identify important local healthcare issues, how to improve the health of the community, and gaps in health services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

### **Information Gaps Data**

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



*Jasmyn Jensen Photography*

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

### **Limitations in Survey & Key Informant 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 key informant interviews in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate.

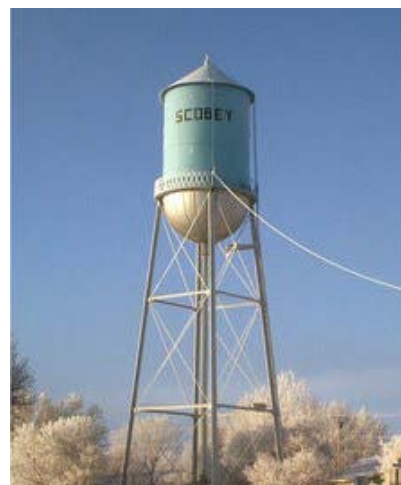


While key informant data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, key informant data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix C. MORH staff facilitated key informant interviews for DMHC to ensure impartiality. Personal identifiers are not included in the key informant interview transcripts.

### Survey Implementation

In January 2019, a survey, cover letter on Daniels Memorial Healthcare Center letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed out to 592 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that Daniels Memorial Healthcare Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One-hundred twenty-five surveys were returned out of 592. Of those 592 surveys, 58 surveys were returned undeliverable for a 23.4% response rate. From this point on, the total number of surveys will be out of 534. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 8.63%.



[Scobeymt.com/visitor-brochure/](http://Scobeymt.com/visitor-brochure/)

## IV. Survey Respondent Demographics

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A total of 534 surveys were distributed amongst Daniels Memorial Healthcare Center's service area. One-hundred twenty-five were completed for a 23.4% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

### Place of Residence (Question 35)

2019 N= 125

2016 N= 149

2013 N= 161

The returned surveys are skewed toward the Scobey population, which is reasonable given that this is where most of the services are located.

		2013		2016		2019	
	Zip code	Count	Percent	Count	Percent	Count	Percent
<b>Scobey</b>	59263	<b>129</b>	<b>80.1%</b>	<b>128</b>	<b>85.9%</b>	<b>99</b>	<b>79.2%</b>
<b>Flaxville</b>	59222	<b>11</b>	<b>6.8%</b>	<b>7</b>	<b>4.7%</b>	<b>15</b>	<b>12.0%</b>
<b>Plentywood</b>	59254	4	2.6%	3	2.0%	<b>4</b>	<b>3.2%</b>
Poplar	59255	1	0.6%	2	1.3%	2	1.6%
Peerless	59253	<b>12</b>	<b>7.5%</b>	<b>5</b>	<b>3.4%</b>	2	1.6%
Opheim	59250	1	0.6%	3	2.0%	1	0.8%
Whitetail	59276	0	0.0%	1	0.7%	0	0.0%
Outlook	59252	2	1.2%	0	0.0%	0	0.0%
Redstone	59257	1	0.6%	0	0.0%	0	0.0%
Wolf Point	59201	Not asked - 2013		Not asked - 2016		0	0.0%
Other		0	0.0%	0	0.0%	2	1.6%%
<b>TOTAL</b>		<b>161</b>	<b>100%</b>	<b>149</b>	<b>100%</b>	<b>125</b>	<b>100%</b>

“Other” comments:

- 59219
- 59230 Glasgow

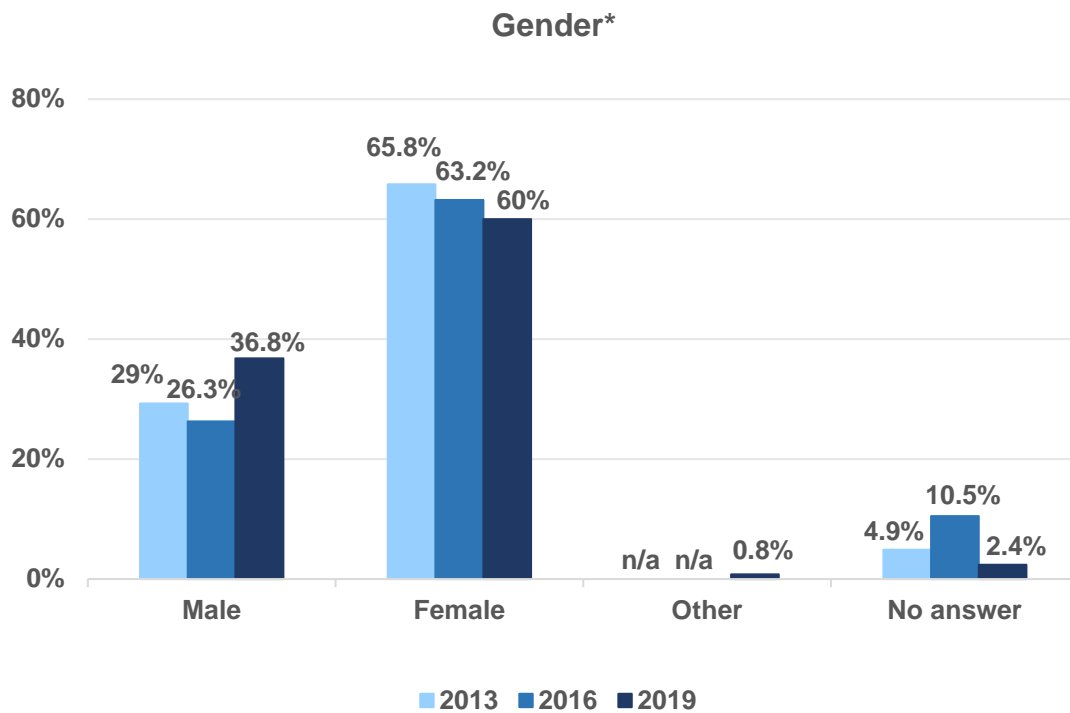
### Gender (Question 36)

2019 N= 125

2016 N= 152

2013 N= 164

Of the 125 surveys returned, 60% (n=75) of survey respondents were female, 36.8% (n=46) were male, and 2.4% (n=3) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.





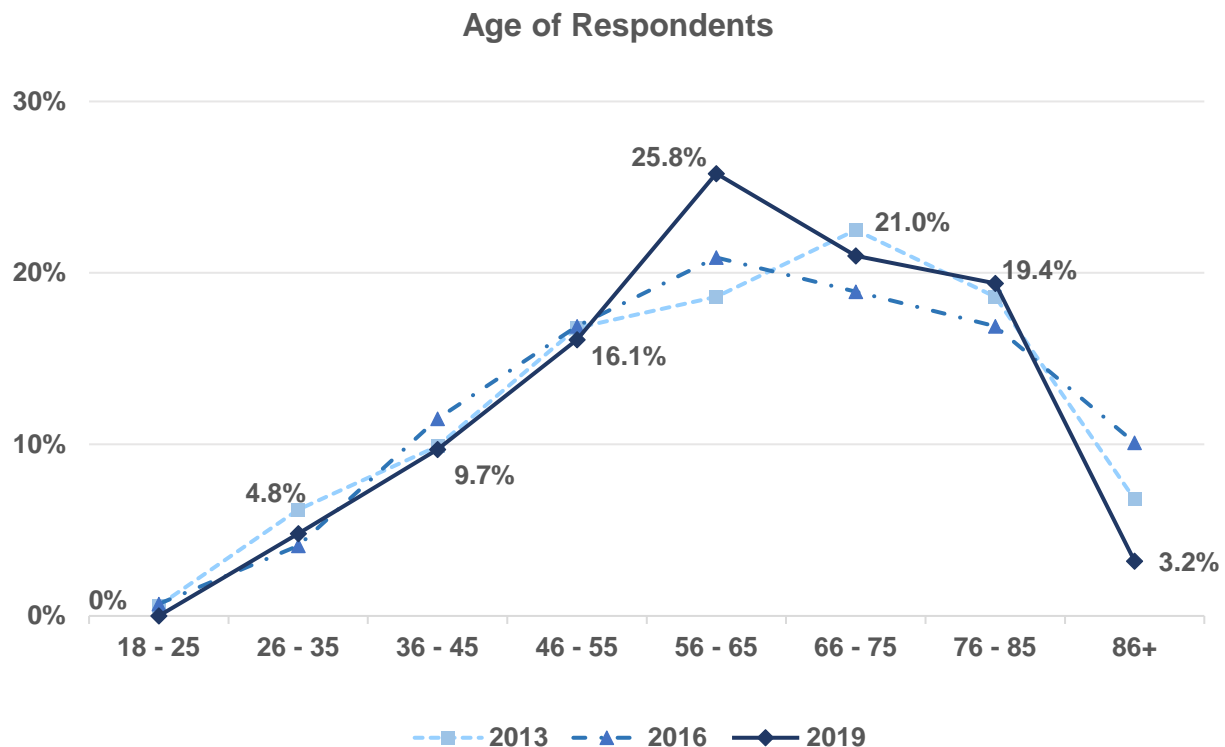
### Age of Respondents (Question 37)

2019 N= 124

2016 N= 148

2013 N= 161

Twenty-six percent of respondents (n=32) were between the ages of 56-65. Twenty-one percent of respondents (n=26) were between the ages of 66-75, and 19.4% of respondents (n=24) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults, and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.



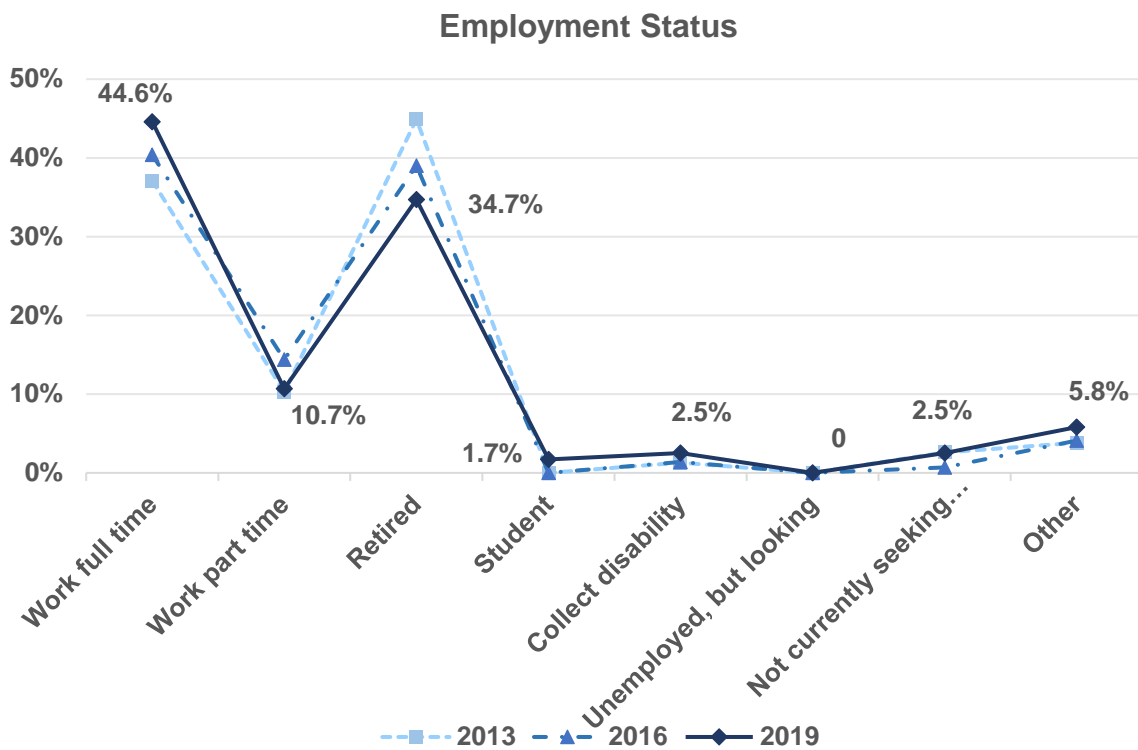
### Employment status (Question 38)

2019 N= 121

2016 N= 146

2013 N= 156

Respondents were asked to indicate their employment status. Forty-five percent (n=54) reported they work full time, while 34.7% (n=42) are retired. Respondents could check all that apply, so the percentages do not equal 100%.



“Other” comments:

- Seasonal
- Homemaker (2)
- Self (2)
- Self-employed farm/ranch (2)

## V. Survey Findings – Community Health

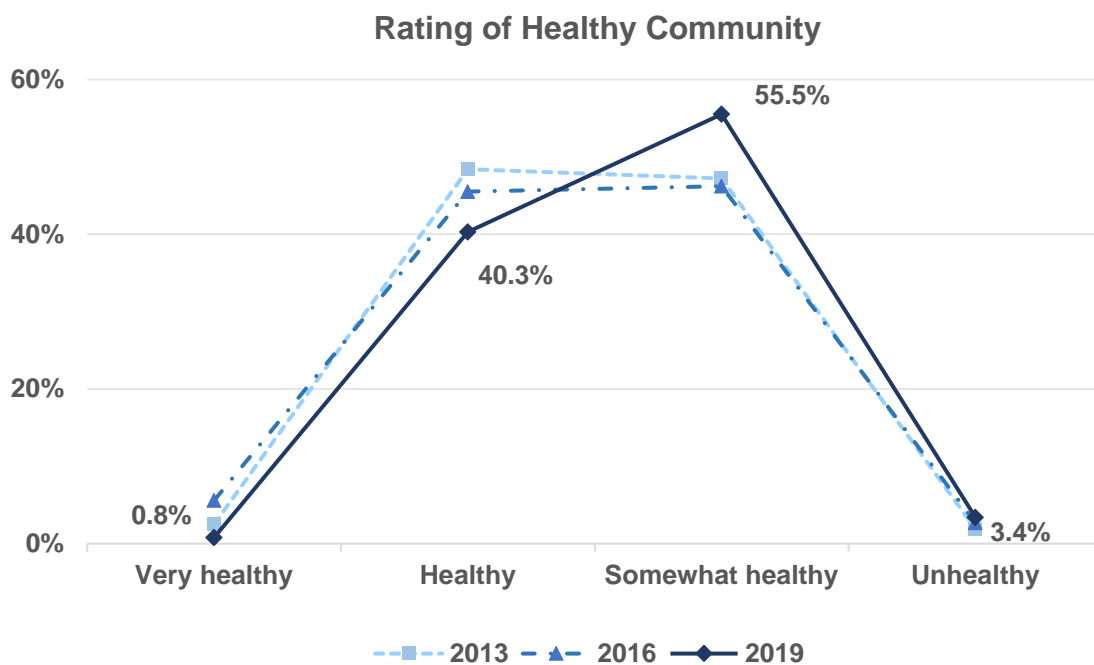
### Impression of Community (Question 1)

2019 N= 119

2016 N= 143

2013 N= 159

Respondents were asked to indicate how they would rate the general health of their community. Fifty-six percent of respondents (n=66) rated their community as “Somewhat healthy” and 40.3% of respondents (n=48) felt their community was “Healthy.”



## Health Concerns for Community (Question 2)

2019 N= 125

2016 N= 152

2013 N= 164

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Cancer” by 60% (n=75) of respondents having selected it. “Alcohol abuse/substance abuse” was also a high priority at 44.8% (n=56) followed by “Depression/anxiety” at 28% (n=35). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

	2013		2016		2019	
Health Concern	Count	Percent	Count	Percent	Count	Percent
<b>Cancer</b>	<b>116</b>	<b>70.7%</b>	<b>103</b>	<b>67.8%</b>	<b>75</b>	<b>60.0%</b>
<b>Alcohol abuse/substance abuse</b>	<b>71</b>	<b>43.3%</b>	<b>59</b>	<b>38.8%</b>	<b>56</b>	<b>44.8%</b>
<b>Depression/anxiety*</b>	18	11.0%	38	25.0%	<b>35</b>	<b>28.0%</b>
Heart disease*	<b>87</b>	<b>53.0%</b>	<b>54</b>	<b>35.5%</b>	31	24.8%
Overweight/obesity	51	31.1%	37	24.3%	31	24.8%
Alzheimer’s/Dementia	Not asked - 2013		Not asked - 2016		26	20.8%
Tobacco use (vaping, e-cigarettes, smokeless)	19	11.6%	18	11.8%	19	15.2%
Mental health issues*	8	4.9%	14	9.2%	18	14.4%
Diabetes	33	20.1%	31	20.4%	17	13.6%
Social isolation/loneliness	Not asked - 2013		Not asked - 2016		12	9.6%
Lack of access to healthcare	9	5.5%	14	9.2%	11	8.8%
Lack of exercise	15	9.1%	15	9.9%	4	3.2%
Suicide	Not asked - 2013		Not asked - 2016		4	3.2%
Child abuse/neglect	1	0.6%	1	0.7%	3	2.4%
Lack of dental care	1	0.6%	2	1.3%	2	1.6%
Motor vehicle accidents	7	4.3%	2	1.3%	2	1.6%
Domestic violence	3	1.8%	0	0.0%	1	0.8%
Recreation related accidents/injuries	4	2.4%	0	0.0%	1	0.8%
Stroke*	9	5.5%	20	13.2%	1	0.8%
Hunger	Not asked - 2013		Not asked - 2016		0	0.0%
Other	7	4.3%	3	2.0%	3	2.4%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- ICE in the winter!

- Age related

- Drugs

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

2019 N= 125

2016 N= 152

2013 N= 164

Respondents were asked to identify the three most important things for a healthy community. Seventy percent of respondents (n=88) indicated that “Access to health care and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 40% (n=50), and third was “Strong family life” at 32.8% (n=41). Respondents were asked to identify their top three choices, so percentages do not equal 100%.

Important Component	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Access to health care and other services</b>	<b>121</b>	<b>73.8%</b>	<b>110</b>	<b>72.4%</b>	<b>88</b>	<b>70.4%</b>
<b>Good jobs and a healthy economy</b>	49	29.9%	45	29.6%	<b>50</b>	<b>40.0%</b>
<b>Strong family life</b>	<b>55</b>	<b>33.5%</b>	<b>49</b>	<b>32.2%</b>	<b>41</b>	<b>32.8%</b>
Healthy behaviors and lifestyles	<b>62</b>	<b>37.8%</b>	<b>52</b>	<b>34.2%</b>	39	31.2%
Religious or spiritual values	43	26.2%	38	25.0%	39	31.2%
Good schools	34	20.7%	36	23.7%	34	27.2%
Community involvement	11	6.7%	13	8.6%	17	13.6%
Low crime/safe neighborhoods*	48	29.3%	30	19.7%	14	11.2%
Affordable housing	11	6.7%	14	9.2%	13	10.4%
Childcare/after school programs	9	5.5%	11	7.2%	10	8.0%
Transportation services	12	7.3%	13	8.6%	6	4.8%
Clean environment*	21	12.8%	21	13.8%	5	4.0%
Tolerance for diversity	6	3.7%	2	1.3%	5	4.0%
Arts and cultural events	1	0.6%	0	0.0%	1	0.8%
Low level of domestic violence	2	1.2%	3	2.0%	1	0.8%
Parks and recreation	2	1.2%	1	0.7%	1	0.8%
Low death and disease rates*	3	1.8%	10	6.6%	0	0.0%
Other	0	0.0%	3	2.0%	2	1.6%

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

“Other” comments:

- Bad water
- Assisted living

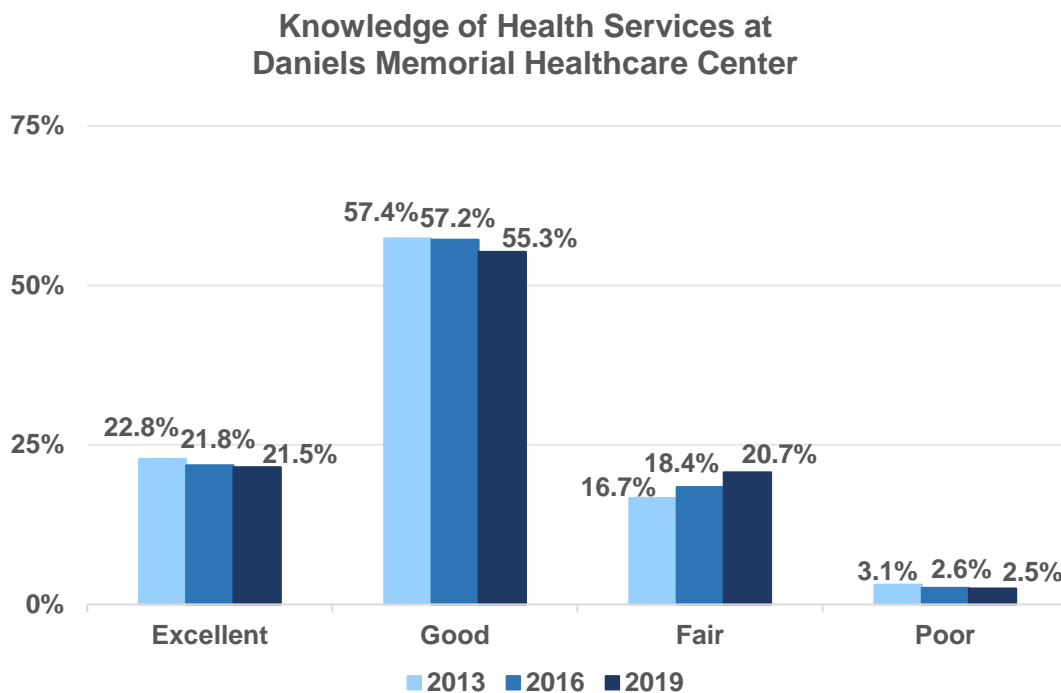
#### Awareness of Health Services (Question 4)

2019 N= 125

2016 N= 152

2013 N= 164

Respondents were asked to rate their knowledge of the health services available at Daniels Memorial Healthcare Center. Fifty-five percent (n=67) of respondents rated their knowledge of health services as “Good”, “Excellent” was selected by 21.5% percent (n=26), and “Fair” was selected by 20.7% (n=25) of respondents.



## How Respondents Learn of Healthcare Services (Question 5)

2019 N= 125

2016 N= 152

2013 N= 164

The most frequently indicated method of learning about available services was “Friends/family” at 69.6% (n=87). “Word of mouth/reputation” was the second most frequent response at 66.4% (n=83), followed by “Healthcare provider” at 52% (n=65). Respondents could select more than one method, so percentages do not equal 100%.

	2013		2016		2019	
Method	Count	Percent	Count	Percent	Count	Percent
<b>Friends/family</b>	<b>104</b>	<b>63.4%</b>	<b>107</b>	<b>70.4%</b>	<b>87</b>	<b>69.6%</b>
<b>Word of mouth/reputation</b>	<b>111</b>	<b>67.7%</b>	<b>102</b>	<b>67.1%</b>	<b>83</b>	<b>66.4%</b>
<b>Healthcare provider</b>	85	51.8%	79	52.0%	<b>65</b>	<b>52.0%</b>
Newspaper	<b>91</b>	<b>55.5%</b>	<b>88</b>	<b>57.9%</b>	58	46.4%
Radio	33	20.1%	34	22.4%	28	22.4%
Mailings/newsletter	37	22.6%	28	18.4%	24	19.2%
Social media	Not asked - 2013		17	11.2%	13	10.4%
Public health	13	7.9%	15	9.9%	10	8.0%
Website/internet	6	3.7%	4	2.6%	7	5.6%
Presentations	2	1.2%	6	3.9%	5	4.0%
Other	2	1.2%	4	2.6%	6	4.8%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- Worked at DMHC for 20 years
- Only one
- Lived here 77 years
- By past use of them (eye, dental, chiro, hospital)
- Personal use



### Cross Tabulation of Service Knowledge and Learning about Services

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

#### KNOWLEDGE RATING OF DANIELS MEMORIAL HEALTHCARE CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
<b>Friends/family</b>	18 (21.2%)	51 (60%)	15 (17.6%)	1 (1.2%)	<b>85</b>
<b>Word of mouth/reputation</b>	17 (21%)	50 (61.7%)	11 (13.6%)	3 (3.7%)	<b>81</b>
<b>Healthcare provider</b>	16 (25%)	39 (60.9%)	9 (14.1%)		<b>64</b>
<b>Newspaper</b>	12 (21.1%)	33 (57.9%)	12 (21.1%)		<b>57</b>
<b>Radio</b>	3 (11.1%)	16 (59.3%)	8 (29.6%)		<b>27</b>
<b>Mailings/newsletter</b>	6 (26.1%)	14 (60.9%)	3 (13%)		<b>23</b>
<b>Social media</b>	2 (15.4%)	7 (53.8%)	4 (30.8%)		<b>13</b>
<b>Public Health</b>	5 (50%)	4 (40%)	1 (10%)		<b>10</b>
<b>Website/internet</b>	2 (28.6%)	4 (57.1%)	1 (14.3%)		<b>7</b>
<b>Presentations</b>	1 (20%)	3 (60%)	1 (20%)		<b>5</b>
<b>Other</b>	3 (50%)	3 (50%)			<b>6</b>

## Utilized Community Health Resources (Question 6)

2019 N= 125

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 86.4% (n=108). “Dentist” was utilized by 79.2% (n=99) and “Chiropractor” was utilized by 39.2% (n=49) of respondents. Respondents could select more than one resource, so percentages do not equal 100%.

Resource	2019	
	Count	Percent
<b>Pharmacy</b>	<b>108</b>	<b>86.4%</b>
<b>Dentist</b>	<b>99</b>	<b>79.2%</b>
<b>Chiropractor</b>	<b>49</b>	<b>39.2%</b>
Fitness center	25	20.0%
Senior center	19	15.2%
Public health	8	6.4%
Meals on Wheels	6	4.8%
Home care services	4	3.2%
Mental health	3	2.4%
Food bank	2	1.6%
Substance abuse services	0	0.0%
Other	9	7.2%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses		

“Other” comments:

- Hospital
- Vision doctor
- Eye clinic
- OB/GYN-out of area
- Eye doctor
- Cancer resources
- EMS
- Therapy- therapist and hydro pool
- Hospital/outpatient

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

2019 N= 125

2016 N= 152

2013 N= 164

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Thirty-seven percent of respondents (n=46) reported that "More specialists" would make the greatest improvement. Thirty percent of respondents (n=38 each) indicated "More primary care providers" and "More information about available services" would improve access and "Telemedicine" was selected by 29.6% (n=37). Respondents could select more than one method, so percentages do not equal 100%.

Improvement	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
More specialists	<b>57</b>	<b>34.8%</b>	<b>51</b>	<b>33.6%</b>	<b>46</b>	<b>36.8%</b>
More primary care providers	<b>56</b>	<b>34.1%</b>	<b>43</b>	<b>28.3%</b>	<b>38</b>	<b>30.4%</b>
More information about available services	Not asked - 2013		Not asked - 2016		<b>38</b>	<b>30.4%</b>
Telemedicine	35	21.3%	30	19.7%	<b>37</b>	<b>29.6%</b>
Outpatient services expanded hours	<b>37</b>	<b>22.6%</b>	23	15.1%	32	25.6%
Improved quality of care	34	20.7%	<b>41</b>	<b>27.0%</b>	26	20.8%
Transportation assistance*	13	7.9%	21	13.8%	26	20.8%
Greater health education services	29	17.7%	22	14.5%	22	17.6%
Cultural sensitivity	2	1.2%	4	2.6%	1	0.8%
Interpreter services*	4	2.4%	0	0.0%	0	0.0%
Other	5	3.0%	11	7.2%	10	8.0%

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

"Other" comments:

- A doctor (3)
- Senior fitness class- cardiac rehabilitation class
- A doctor that lives here
- More accessible mental health care
- Doctor on site!
- VA clinic status
- Communication
- Family Dr. MD

### Interest in Educational Classes or Programs (Question 8)

2019 N= 125

2016 N= 152

Respondents were asked if they would be interested in any educational classes/programs if they were made available to the community. The most highly indicated class/program was “Health and wellness” at 28.8% of respondents (n= 36). “Weight loss” was selected by 25.6% of respondents (n=32), and “Nutrition” followed at 21.6% (n=27). Respondents could select more than one interest, so percentages do not equal 100%.

Educational Class/Program	2016		2019	
	Count	Percent	Count	Percent
<b>Health and wellness</b>	<b>34</b>	<b>22.4%</b>	<b>36</b>	<b>28.8%</b>
<b>Weight loss</b>	31	20.4%	<b>32</b>	<b>25.6%</b>
<b>Nutrition</b>	25	16.4%	<b>27</b>	<b>21.6%</b>
Women’s health	<b>39</b>	<b>25.7%</b>	24	19.2%
First aid/CPR	17	11.2%	23	18.4%
Living will	19	12.5%	22	17.6%
Diabetes	16	10.5%	21	16.8%
Fitness	<b>39</b>	<b>25.7%</b>	21	16.8%
Heart disease	23	15.1%	17	13.6%
Support groups	19	12.5%	17	13.6%
Alzheimer’s	20	13.2%	16	12.8%
Cancer	22	14.5%	16	12.8%
Mental health	15	9.9%	15	12.0%
Grief counseling	9	5.9%	12	9.6%
Men’s health	23	15.1%	11	8.8%
Worksite wellness	Not asked - 2016		8	6.4%
Parenting	6	3.9%	6	4.8%
Alcohol/substance abuse	10	6.6%	5	4.0%
Smoking/tobacco cessation	5	3.3%	4	3.2%
Prenatal	2	1.3%	2	1.6%
Other	3	2.0%	4	3.2%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

“Other” comments:

- Aging
- None
- More permanent staff rather than traveling staff
- N/A

## Utilization of Preventative Services (Question 9)

2019 N= 125

2016 N= 152

2013 N= 164

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Vision check” was selected by 73.6% of respondents (n=92). Sixty-nine percent of respondents (n=86) indicated they received a “Dental exam”, and 60.8% of respondents (n= 76 each) had a “flu shot/immunizations” and a “Routine blood pressure check.” Respondents could select all that apply, thus the percentages do not equal 100%.

Preventative Service	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Vision check (every 1-2 years)</b>	Not asked - 2013		Not asked - 2016		<b>92</b>	<b>73.6%</b>
<b>Dental Exam</b>	Not asked - 2013		Not asked - 2016		<b>86</b>	<b>68.8%</b>
<b>Flu shot/immunizations</b>	<b>96</b>	<b>58.5%</b>	<b>92</b>	<b>60.5%</b>	<b>76</b>	<b>60.8%</b>
<b>Routine blood pressure check (yearly)</b>	<b>105</b>	<b>64.0%</b>	<b>78</b>	<b>51.3%</b>	<b>76</b>	<b>60.8%</b>
Routine health checkup (yearly)	85	51.8%	73	48.0%	69	55.2%
Cholesterol check (yearly)	<b>95</b>	<b>57.9%</b>	<b>79</b>	<b>52.0%</b>	63	50.4%
Colonoscopy (every 5-10 years)	49	29.9%	47	30.9%	51	40.8%
Mammography (every 1-2 years)	64	39.0%	49	32.2%	48	38.4%
Prostate (PSA)	Not asked - 2013		Not asked - 2016		27	21.6%
Medicare wellness visit (yearly)	Not asked - 2013		Not asked - 2016		26	20.8%
Pap smear (every 3-5 years)	53	32.3%	43	28.3%	25	20.0%
Hearing check (every 3-5 years)	Not asked - 2013		Not asked - 2016		14	11.2%
Children's checkup/Well baby	17	10.4%	10	6.6%	10	8.0%
Mental health counseling	Not asked - 2013		Not asked - 2016		3	2.4%
None	Not asked - 2013		12	7.9%	2	1.6%
Other	6	3.7%	5	3.3%	5	4.0%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- Allergy shots
- Use VA clinic
- Blood panel 2/year DOT physical covers most things
- Yearly skin check with a dermatologist
- Chiropractor

### Desired Local Healthcare Services (Question 10)

2019 N= 125

2016 N= 152

2013 N= 164

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having “Dermatology” services at 39.2% of respondents (n=49), followed by an “Assisted living” at 22.4% (n=28), and “Mental health” at 17.6% (n=22). Respondents were asked to select all that apply, so percentages do not equal 100%.

	2013		2016		2019	
Service	Count	Percent	Count	Percent	Count	Percent
<b>Dermatology</b>	Not asked - 2013		Not asked - 2016		<b>49</b>	<b>39.2%</b>
<b>Assisted living</b>	<b>31</b>	<b>18.9%</b>	<b>43</b>	<b>28.3%</b>	<b>28</b>	<b>22.4%</b>
<b>Mental health*</b>	12	7.3%	11	7.2%	<b>22</b>	<b>17.6%</b>
Hospice/end of life services	<b>21</b>	<b>12.8%</b>	<b>27</b>	<b>17.8%</b>	17	13.6%
Mammography (on-site)	<b>16</b>	<b>9.8%</b>	<b>28</b>	<b>18.4%</b>	17	13.6%
Personal care services	Not asked in 2013		16	10.5%	13	10.4%
VA Telemedicine	11	6.7%	7	4.6%	10	8.0%
Cardiac rehabilitation	14	8.5%	15	9.9%	7	5.6%
Family planning	7	4.3%	3	2.0%	5	4.0%
Tobacco treatment/cessation	6	3.7%	2	1.3%	1	0.8%
Other	2	1.2%	5	3.3%	2	1.6%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- None
- OB/GYN

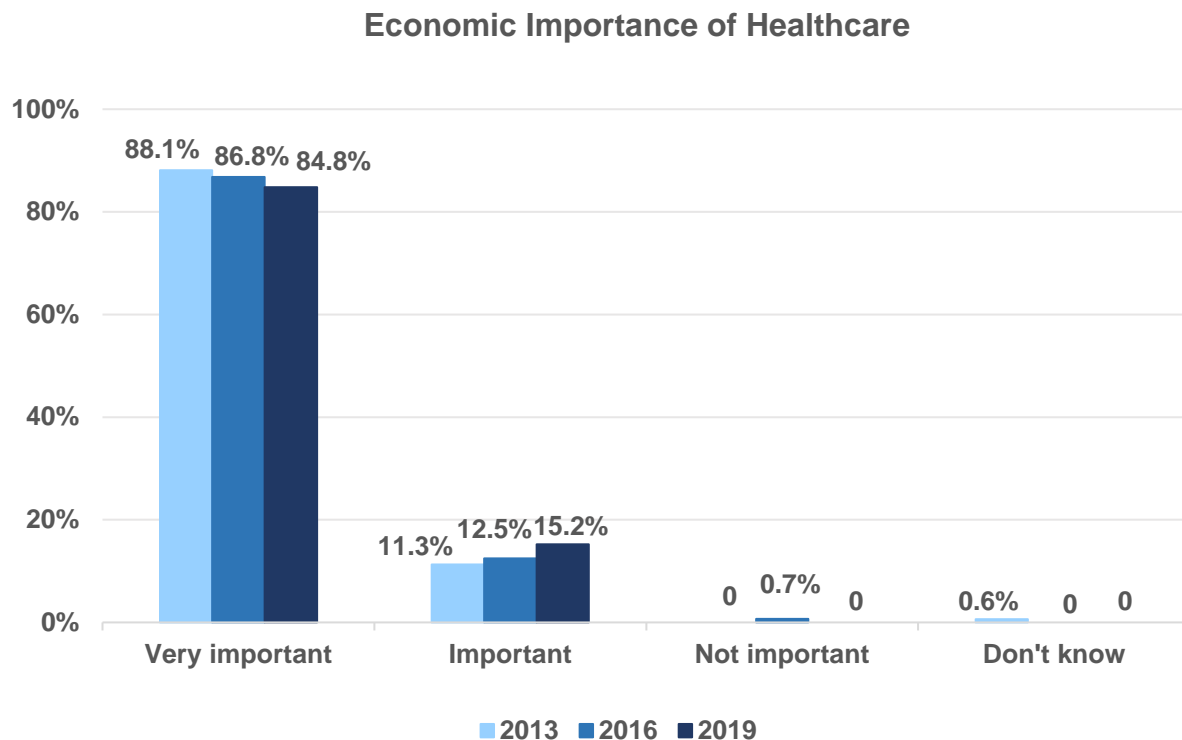
### Economic Importance of Local Healthcare Providers and Services (Question 11)

2019 N= 125

2016 N= 152

2013 N= 160

The majority of respondents (84.8%, n=106), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are 'Very important' to the economic wellbeing of the area and 15% percent of respondents (n=19) indicated they are "Important."





## Survey Findings – Use of Healthcare Services

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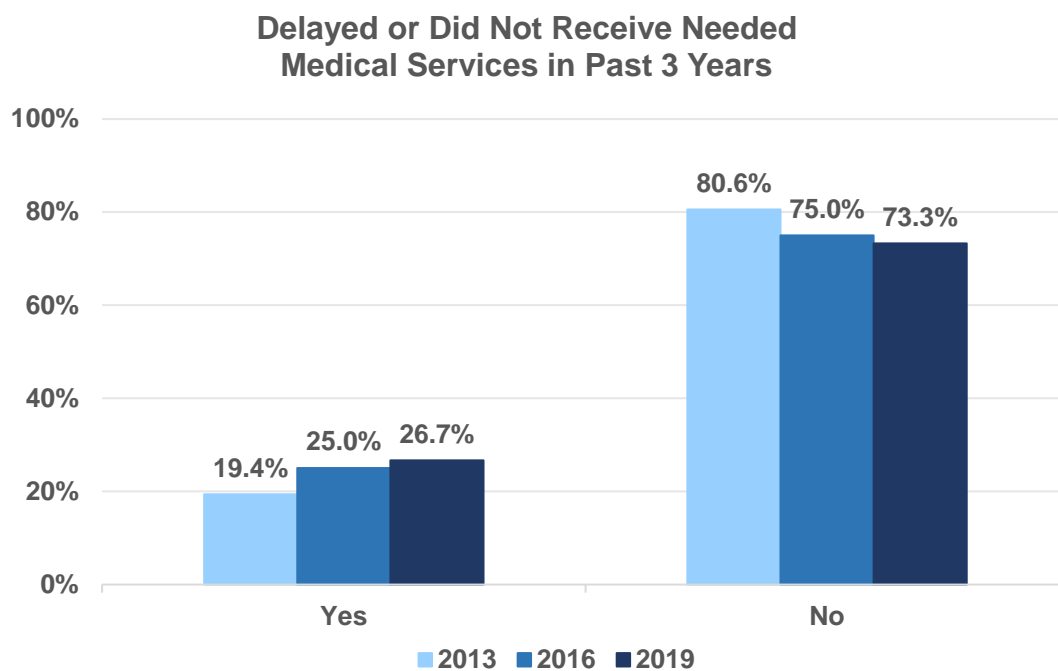
### Needed/Delayed Hospital Care During the Past Three Years (Question 12)

2019 N= 120

2016 N= 136

2013 N= 155

Twenty-seven percent of respondents (n=32) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Seventy-three percent of respondents (n=88) felt they were able to get the healthcare services they needed without delay.



## Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 13)

2019 N= 32

2016 N= 34

2013 N= 30

For those who indicated they were unable to receive or had to delay services (n=32), the reasons most cited were: “Could not get an appointment” (40.6%, n=13); “Too long to wait for an appointment” (28.1%, n=9); “It costs too much,” “It was too far to go”, and “Other” (21.9%, n=7 each). Respondents were asked to indicate their top three choices, so percentages do not equal 100%.

	2013		2016		2019	
Reason	Count	Percent	Count	Percent	Count	Percent
<b>Could not get an appointment*</b>	2	6.7%	8	23.5%	13	40.6%
<b>Too long to wait for an appointment</b>	11	36.7%	6	17.6%	9	28.1%
<b>It costs too much</b>	11	36.7%	14	41.2%	7	21.9%
<b>It was too far to go</b>	2	6.7%	5	14.7%	7	21.9%
Don't like doctors	7	23.3%	13	38.2%	4	12.5%
My insurance didn't cover it	6	20.0%	3	8.8%	4	12.5%
No insurance	4	13.3%	5	14.7%	3	9.4%
Office wasn't open when I could go	2	6.7%	2	5.9%	3	9.4%
Too nervous or afraid	7	23.3%	4	11.8%	2	6.3%
Transportation problems	2	6.7%	0	0.0%	2	6.3%
Could not get off work	3	10.0%	0	0.0%	1	3.1%
Didn't know where to go	1	3.3%	4	11.8%	1	3.1%
Had no one to care for the children	0	0.0%	1	2.9%	0	0.0%
Language barrier	0	0.0%	0	0.0%	0	0.0%
Not treated with respect*	7	23.3%	6	17.6%	0	0.0%
Unsure if services were available	5	16.7%	3	8.8%	0	0.0%
<b>Other</b>	3	10.0%	7	20.6%	7	21.9%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- Doctor sick so appointment cancelled
- Dermatology
- Elder care
- No Doctor! Physician
- No therapist in Scobey
- Didn't care to go
- No counselors

### Cross Tabulation of Delay of Services and Residence

Analysis was done to examine those respondents who delayed or did not get needed services, with where they live by zip code. The chart below shows the results of the cross tabulation. Delay of care (yes, no) is across the top of the table and residents' zip codes are along the side.

#### DELAY OR DID NOT GET NEEDED HEALTHCARE SERVICES BY RESIDENCE

	Delay 'Yes'	Delay 'No'	Total
<b>Scobey 59263</b>	27 (28.7%)	67 (71.3%)	<b>94</b>
<b>Flaxville 59222</b>	3 (20%)	12 (80%)	<b>15</b>
Plentywood 59254	1 (25%)	3 (75%)	4
Peerless 59253		2 (100%)	2
Poplar 59255	1 (50%)	1 (50%)	2
Opheim 59250		1 (100%)	1
Outlook 59252			0
Redstone 59257			0
Whitetail 59276			0
Wolf Point 59201			0
Other		2 (100%)	2
<b>TOTAL</b>	<b>32 (26.7%)</b>	<b>88 (73.3%)</b>	<b>120</b>

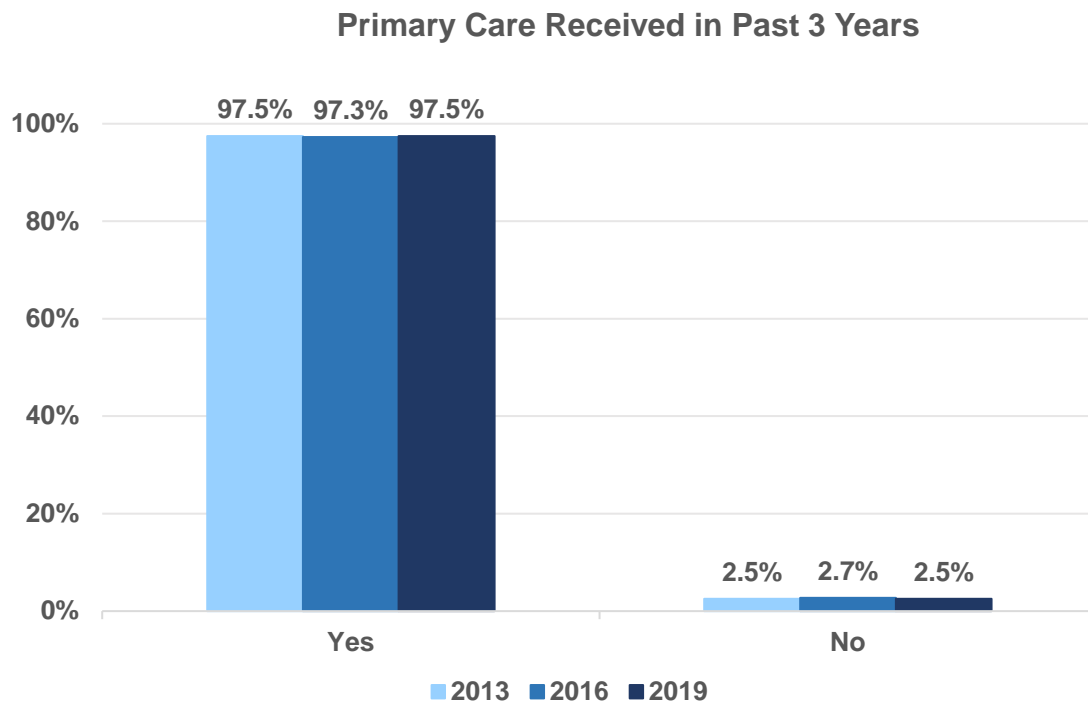
### Primary Care Received in the Past Three Years (Question 14)

2019 N= 122

2016 N= 147

2013 N= 158

Ninety-eight percent of respondents (n=119) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Three percent of respondents (n=3) indicated they or someone in their household had not.



### Location of Primary Care Provider (Question 15)

2019 N= 105

2016 N= 132

2013 N= 139

Of the 119 respondents who indicated receiving primary care services in the previous three years, 69.5% (n=73) reported receiving care in Scobey. Seven percent of respondents (n=7 each) went to Plentywood, Billings, or Glasgow. Fourteen of the 119 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

	2013		2016		2019	
Clinic Location	Count	Percent	Count	Percent	Count	Percent
Scobey	<b>103</b>	<b>74.1%</b>	<b>103</b>	<b>78.0%</b>	<b>73</b>	<b>69.5%</b>
Plentywood*	<b>17</b>	<b>12.2%</b>	<b>15</b>	<b>11.4%</b>	<b>7</b>	<b>6.7%</b>
Billings	Not asked - 2013		Not asked - 2016		<b>7</b>	<b>6.7%</b>
Glasgow	7	5.0%	5	3.8%	<b>7</b>	<b>6.7%</b>
Sidney	Not asked - 2013		Not asked - 2016		3	2.9%
Wolf Point	0	0.0%	2	1.5%	0	0.0%
Miles City	Not asked - 2013		Not asked - 2016		1	1.0%
VA	1	0.7%	1	0.8%	2	1.9%
Culbertson	Not asked - 2013		Not asked - 2016		0	0.0%
Glendive	Not asked - 2013		Not asked - 2016		0	0.0%
IHS	0	0.0%	0	0.0%	0	0.0%
Williston, ND	Not asked - 2013		Not asked - 2016		0	0.0%
Other	<b>11</b>	<b>7.9%</b>	<b>6</b>	<b>4.5%</b>	5	4.8%
<b>TOTAL</b>	<b>139</b>	<b>100%</b>	<b>132</b>	<b>100%</b>	<b>105</b>	<b>100%</b>
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- Richland, WA
- Plentywood and Scobey
- Billings and Scobey (2)

## Reasons for Selection of Primary Care Provider (Question 16)

2019 N= 119

2016 N= 143

2013 N= 154

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, were asked to indicate why they chose that primary care provider. “Closest to home” was the most frequently selected reason at 58.8% (n=70), followed by “Prior experience with clinic” at 42.9% (n=51), and “Appointment availability” at 35.3% (n=42). Respondents were asked to check all that apply, so the percentages do not equal 100%.

	2013		2016		2019	
Reason	Count	Percent	Count	Percent	Count	Percent
<b>Closest to home</b>	<b>105</b>	<b>68.2%</b>	<b>94</b>	<b>65.7%</b>	<b>70</b>	<b>58.8%</b>
<b>Prior experience with clinic</b>	<b>87</b>	<b>56.5%</b>	<b>74</b>	<b>51.7%</b>	<b>51</b>	<b>42.9%</b>
<b>Appointment availability</b>	<b>44</b>	<b>28.6%</b>	<b>59</b>	<b>41.3%</b>	<b>42</b>	<b>35.3%</b>
Clinic reputation for quality	41	26.6%	36	25.2%	30	25.2%
Provider preference	Not asked - 2013		Not asked - 2013		30	25.2%
Recommended by family or friends	16	10.4%	18	12.6%	16	13.4%
Privacy/confidentiality	16	10.4%	17	11.9%	12	10.1%
Referred by physician or other provider	10	6.5%	5	3.5%	6	5.0%
Length of waiting room time	11	7.1%	10	7.0%	5	4.2%
Required by insurance plan*	1	0.6%	0	0	5	4.2%
VA/Military requirement	3	1.9%	3	2.1%	4	3.4%
Cost of care	2	1.3%	2	1.4%	3	2.5%
Indian Health Services	1	0.6%	0	0.0%	1	0.8%
Other	10	6.5%	16	11.2%	8	6.7%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- Actually has a doctor
- Plentywood HAD a local Doctor, now retiring. Need a new full time Doctor in Scobey
- Only one available
- Just like her
- Past experience with provider- good
- I have been going to the same clinic/Doctor for many years (2)
- Used the one available

## Cross Tabulation of Primary Care and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code. The chart below shows the results of the cross tabulation. Clinic location is across the top of the table and residents' zip codes are along the side. Culbertson, Glendive, Indian Health Services (IHS), Willison, ND, and Wolf Point clinic locations were removed from the table due to non-response.

### LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Billings	Glasgow	Miles City	Plentywood	Scobey	Sidney	VA	Other	Total
<b>Scobey 59263</b>	4 (4.9%)	5 (6.1%)		1 (1.2%)	66 (80.5%)	2 (2.4%)	1 (1.2%)	3 (3.7%)	<b>82</b>
<b>Flaxville 59222</b>	1 (8.3%)		1 (8.3%)	3 (25%)	5 (41.7%)	1 (8.3%)		1 (8.3%)	<b>12</b>
<b>Plentywood 59254</b>				3 (75%)	1 (25%)				<b>4</b>
<b>Peerless 59253</b>		1 (50%)			1 (50%)				<b>2</b>
<b>Poplar 59255</b>	2 (100%)								<b>2</b>
<b>Opheim 59250</b>		1 (100%)							<b>1</b>
<b>Outlook 59252</b>									<b>0</b>
<b>Redstone 59257</b>									<b>0</b>
<b>Whitetail 59276</b>									<b>0</b>
<b>Wolf Point 59201</b>									<b>0</b>
<b>Other</b>							1 (50%)	1 (50%)	<b>2</b>
<b>TOTAL</b>	<b>7 (6.7%)</b>	<b>7 (6.7%)</b>	<b>1 (1%)</b>	<b>7 (6.7%)</b>	<b>73 (69.5%)</b>	<b>3 (2.9%)</b>	<b>2 (1.9%)</b>	<b>5 (4.8%)</b>	<b>105 (100%)</b>



### Cross Tabulation of Clinic and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider. The chart below shows the results of the cross tabulation. Reason clinic/provider was selected was a multiple response item, thus totals do not add up to 100%. Culbertson, Glendive, Indian Health Services (IHS), Willison, ND, and Wolf Point clinic locations were removed from the table due to non-response.

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

	Billings	Glasgow	Miles City	Plentywood	Scobey	Sidney	VA	Other	Total
<b>Closest to home</b>	2 (3.2%)			2 (3.2%)	55 (88.7%)			3 (4.8%)	<b>62</b>
<b>Prior experience with clinic</b>	3 (6.5%)	1 (2.2%)	1 (2.2%)	5 (10.9%)	31 (67.4%)	3 (6.5%)		2 (4.3%)	<b>46</b>
<b>Appointment availability</b>	1 (2.7%)	4 (10.8%)			28 (75.7%)	2 (5.4%)	1 (2.7%)	1 (2.7%)	<b>37</b>
<b>Provider preference</b>	1 (3.7%)	2 (7.4%)		1 (3.7%)	21 (77.8%)	1 (3.7%)		1 (3.7%)	<b>27</b>
<b>Clinic reputation for quality</b>	1 (3.8%)	3 (11.5%)		2 (7.7%)	17 (65.4%)	2 (7.7%)		1 (3.8%)	<b>26</b>
<b>Recommended by family or friends</b>	1 (7.7%)	2 (15.4%)			8 (61.5%)		1 (7.7%)	1 (7.7%)	<b>13</b>
<b>Privacy/confidentiality</b>	1 (11.1%)	1 (11.1%)			5 (55.6%)	1 (11.1%)		1 (11.1%)	<b>9</b>
<b>Required by insurance plan</b>	1 (20%)				4 (80%)				<b>5</b>
<b>Length of waiting room time</b>					3 (75%)	1 (25%)			<b>4</b>
<b>Referred by physician or other provider</b>	3 (75%)	1 (25%)							<b>4</b>
<b>Cost of care</b>					1 (33.3%)	1 (33.3%)	1 (33.3%)		<b>3</b>
<b>VA/Military requirement</b>				1 (33.3%)			1 (33.3%)	1 (33.3%)	<b>3</b>
<b>Indian Health Services</b>	1 (100%)								<b>1</b>
<b>Other</b>		1 (16.7%)		1 (16.7%)	4 (66.7%)				<b>6</b>

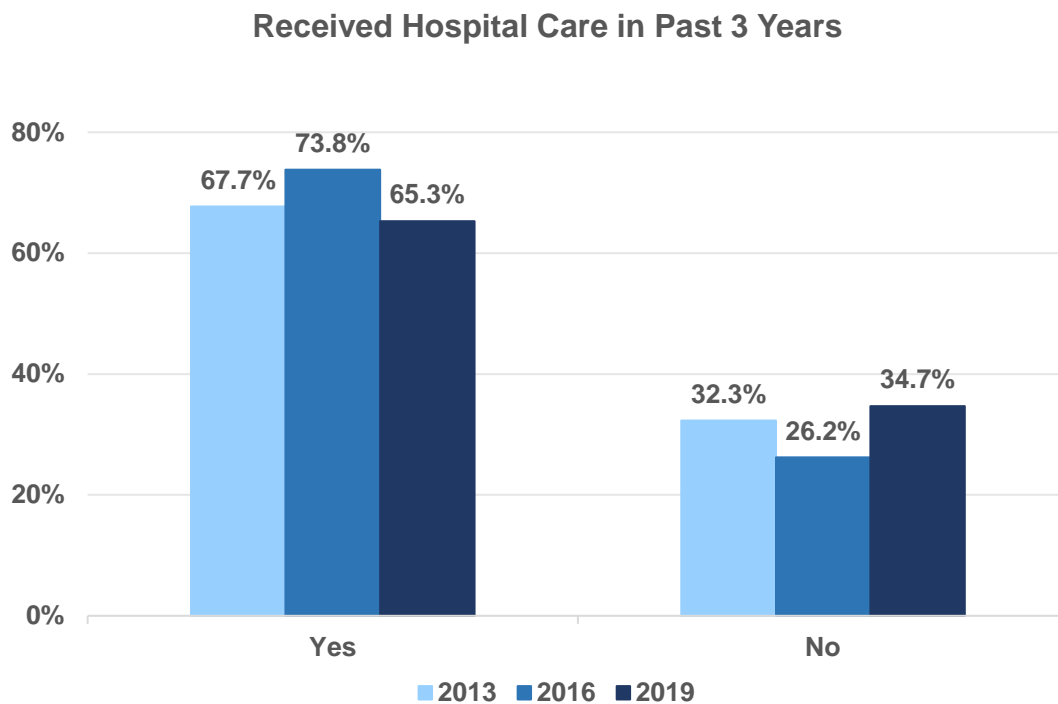
### Hospital Care Received in the Past Three Years (Question 17)

2019 N= 124

2016 N= 149

2013 N= 155

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-five percent of respondents (n=81) reported that they or a member of their family had received hospital care during the previous three years, and 34.7% (n=43) had not received hospital services.



### Hospital Used Most in the Past Three Years (Question 18)

2019 N= 74

2016 N= 98

2013 N= 89

Of the 81 respondents who indicated receiving hospital care in the previous three years, 32.4% (n=24) reported receiving care in Billings. Twenty-seven percent of respondents (n=20) received services in Scobey, and 10.8% of respondents (n=8) reported utilizing services from Sidney. In 2018, 7 of the 81 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

	2013		2016		2019	
Hospital	Count	Percent	Count	Percent	Count	Percent
<b>Billings*</b>	<b>18</b>	<b>20.2%</b>	<b>20</b>	<b>20.5%</b>	<b>24</b>	<b>32.4%</b>
<b>Scobey*</b>	<b>43</b>	<b>48.3%</b>	<b>46</b>	<b>46.9%</b>	<b>20</b>	<b>27.0%</b>
<b>Sidney*</b>	4	4.5%	0	0.0%	<b>8</b>	<b>10.8%</b>
Glasgow	4	4.5%	<b>12</b>	<b>12.3%</b>	7	9.5%
Plentywood	<b>8</b>	<b>9.0%</b>	11	11.2%	6	8.1%
Minot, ND	0	0.0%	1	1.0%	1	1.4%
VA	0	0.0%	2	2.0%	1	1.4%
Williston, ND	5	5.6%	3	3.1%	1	1.4%
Great Falls	4	4.5%	1	1.0%	0	0.0%
Wolf Point	Not asked - 2013		1	1.0%	0	0.0%
Miles City	Not asked - 2013		Not asked - 2016		0	0.0%
Other*	3	3.4%	1	1.0%	6	8.1%
<b>TOTAL</b>	<b>89</b>	<b>100%</b>	<b>98</b>	<b>100%</b>	<b>74</b>	<b>100%</b>
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- Billings and Glasgow
- Billings and Scobey
- Bozeman
- Denver
- Havre
- Bismarck, ND

## Reasons for Selecting the Hospital Used (Question 19)

2019 N= 81

2016 N= 110

2013 N= 105

Of the 81 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” and “Prior experience with the hospital” by 49.4% (n=40 each). “Referred by physician or other provider” was selected by 39.5% of the respondents (n=32). Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Closest to home</b>	<b>58</b>	<b>55.2%</b>	<b>61</b>	<b>55.5%</b>	<b>40</b>	<b>49.4%</b>
<b>Prior experience with hospital</b>	<b>55</b>	<b>52.4%</b>	<b>58</b>	<b>52.7%</b>	<b>40</b>	<b>49.4%</b>
<b>Referred by physician or other provider</b>	<b>48</b>	<b>45.7%</b>	<b>37</b>	<b>33.6%</b>	<b>32</b>	<b>39.5%</b>
Hospital’s reputation for quality	31	29.5%	32	29.1%	30	37.0%
Emergency, no choice	36	34.3%	36	32.7%	24	29.6%
Recommended by family/friends*	5	4.8%	16	14.5%	13	16.0%
Required by insurance plan	2	1.9%	1	0.9%	3	3.7%
Closest to work	6	5.7%	8	7.3%	2	2.5%
Cost of care	0	0.0%	3	2.7%	2	2.5%
VA/Military requirement	4	3.8%	5	4.5%	2	2.5%
Financial assistance programs	Not asked - 2013		Not asked - 2016		0	0.0%
Other	3	2.9%	10	9.1%	6	7.4%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- Only place we could get in on short notice
- It’s where the doctor/specialist did his surgeries/worked
- Only one in Scobey
- They have excellent care and good physicians
- Main place of residence
- Long history with primary

### Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years, with where they live by zip code. The chart below shows the results of the cross tabulation. Hospital location is across the top of the table and residents' zip codes are along the side. Great Falls, Miles City and Wolf Point hospital locations were removed from the table due to non-response.

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

	Billings	Glasgow	Minot, ND	Plentywood	Scobey	Sidney	VA	Williston, ND	Other	Total
<b>Scobey 59263</b>	19 (33.9%)	6 (10.7%)		1 (1.8%)	18 (32.1%)	6 (10.7%)		1 (1.8%)	5 (8.9%)	<b>56</b>
<b>Flaxville 59222</b>	1 (10%)		1 (10%)	3 (30%)	2 (20%)	1 (10%)	1 (10%)		1 (10%)	<b>10</b>
<b>Plentywood 59254</b>	1 (33.3%)			1 (33.3%)		1 (33.3%)				<b>3</b>
<b>Peerless 59253</b>	1 (100%)									<b>1</b>
<b>Poplar 59255</b>	1 (100%)									<b>1</b>
<b>Opheim 59250</b>	1 (100%)									<b>1</b>
<b>Outlook 59252</b>										<b>0</b>
<b>Redstone 59257</b>										<b>0</b>
<b>Whitetail 59276</b>										<b>0</b>
<b>Wolf Point 59201</b>										<b>0</b>
<b>Other</b>		1 (50%)		1 (50%)						<b>2</b>
<b>TOTAL</b>	<b>24 (32.4%)</b>	<b>7 (9.5%)</b>	<b>1 (1.4%)</b>	<b>6 (8.1%)</b>	<b>20 (27%)</b>	<b>8 (10.8%)</b>	<b>1 (1.4%)</b>	<b>1 (1.4%)</b>	<b>6 (8.1%)</b>	<b>74</b>

### Cross Tabulation of Hospital and Reason Selected

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

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

	Billings	Glasgow	Minot, ND	Plentywood	Scobey	Sidney	VA	Williston, ND	Other	Total
<b>Closest to home</b>	2 (5.7%)	6 (17.1%)	1 (2.9%)		18 (51.4%)	6 (17.1%)			2 (5.7%)	<b>35</b>
<b>Prior experience with hospital</b>	9 (25.7%)	2 (5.7%)	1 (2.9%)	4 (11.4%)	11 (31.4%)	5 (14.3%)		1 (2.9%)	2 (5.7%)	<b>35</b>
<b>Referred by physician or other provider</b>	16 (55.2%)	4 (13.8%)		3 (10.3%)	2 (6.9%)	1 (3.4%)		1 (3.4%)	2 (6.9%)	<b>29</b>
<b>Hospital's reputation for quality</b>	9 (32.1%)	4 (14.3%)		3 (10.7%)	6 (21.4%)	5 (17.9%)			1 (3.6%)	<b>28</b>
<b>Emergency, no choice</b>	11 (50%)	1 (4.5%)		1 (4.5%)	7 (31.8%)	1 (4.5%)			1 (4.5%)	<b>22</b>
<b>Recommended by family or friends</b>	5 (38.5%)	3 (23.1%)	1 (7.7%)		1 (7.7%)	1 (7.7%)			2 (15.4%)	<b>13</b>
<b>Required by insurance plan</b>	1 (33.3%)					1 (33.3%)			1 (33.3%)	<b>3</b>
<b>Cost of care</b>					1 (50%)				1 (50%)	<b>2</b>
<b>VA/Military requirement</b>					1 (50%)		1 (50%)			<b>2</b>
<b>Closest to work</b>					1 (100%)					<b>1</b>
<b>Financial assistance programs</b>										<b>0</b>
<b>Other</b>				1 (20%)	2 (40%)	2 (40%)				<b>5</b>

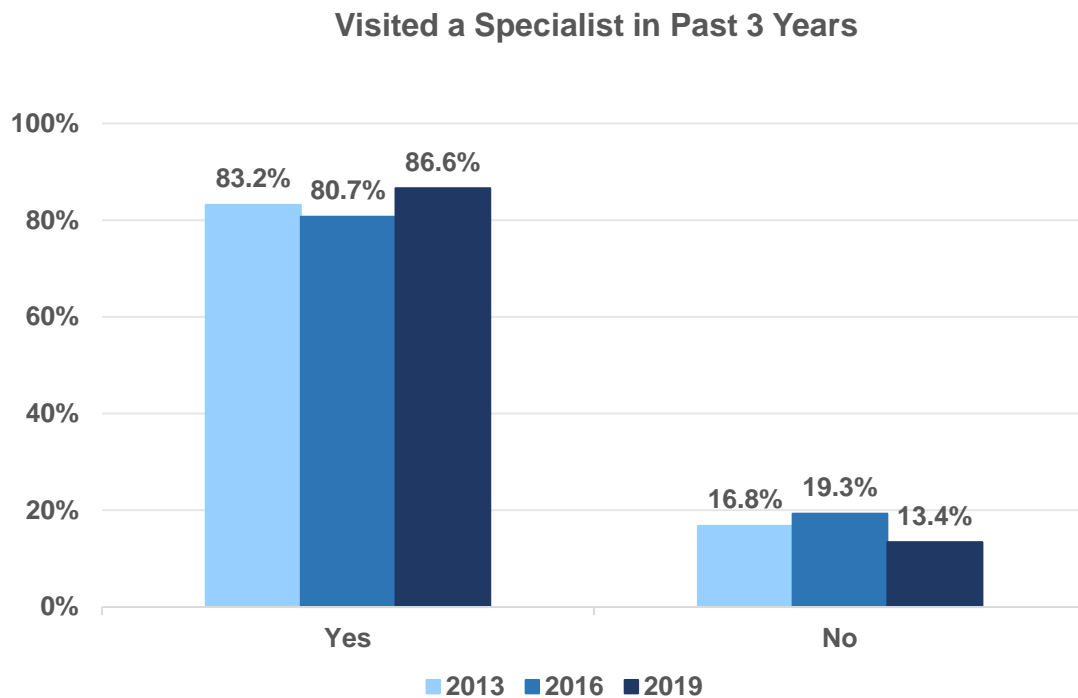
### Use of Healthcare Specialists during the Past Three Years (Question 20)

2019 N= 119

2016 N= 145

2013 N= 149

Eighty-seven percent of the respondents (n=103) indicated they or a household member had seen a healthcare specialist during the past three years, 13.4% (n=16) indicated they had not. Sixteen respondents chose not to answer this question.





### Location of Healthcare Specialist (Question 21)

2019 N= 103

2016 N= 117

2013 N= 124

Of the 103 respondents who indicated they saw a healthcare specialist in the past three years, 74.8% (n=77) saw one in Billings. Glasgow specialty services were utilized by 32% of respondents (n=33), and Williston, ND was reported by 19.4% (n=20). Respondents could select more than one location, so percentages do not equal 100%.

	2013		2016		2019	
Location	Count	Percent	Count	Percent	Count	Percent
<b>Billings*</b>	<b>74</b>	<b>59.7%</b>	<b>85</b>	<b>72.6%</b>	<b>77</b>	<b>74.8%</b>
<b>Glasgow</b>	29	23.4%	<b>44</b>	<b>37.6%</b>	<b>33</b>	<b>32.0%</b>
<b>Williston, ND*</b>	<b>38</b>	<b>30.6%</b>	20	17.1%	<b>20</b>	<b>19.4%</b>
Scobey*	<b>45</b>	<b>36.3%</b>	<b>56</b>	<b>47.9%</b>	16	15.5%
Sidney	23	18.5%	18	15.4%	16	15.5%
Plentywood	22	17.7%	14	12.0%	8	7.8%
Great Falls	9	7.3%	5	4.3%	4	3.9%
Minot, ND	3	2.4%	3	2.6%	4	3.9%
VA	4	3.2%	6	5.1%	3	2.9%
Miles City	Not asked - 2013		Not asked - 2016		3	2.9%
Glendive	Not asked - 2013		Not asked - 2016		2	1.9%
Wolf Point*	Not asked - 2013		6	5.1%	0	0.0%
Other	14	11.3%	11	9.4%	8	7.8%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- Arizona
- Bozeman
- Mayo Clinic (2)
- Kalispell (2)
- Denver
- Bismarck, ND

## Type of Healthcare Specialist Seen (Question 22)

2019 N= 103

2016 N= 117

2013 N= 124

The respondents (n=135) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Cardiologist” at 34% of respondents (n=35) having utilized their services. “Orthopedic surgeon” was the second most utilized specialist at 25.2% (n=26), and “Dermatologist” and “Optometrist” were third at 21.4% (n=22 each). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Healthcare Specialist	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Cardiologist</b>	31	25.0%	34	29.1%	35	34.0%
<b>Orthopedic surgeon</b>	38	30.6%	31	26.5%	26	25.2%
<b>Dermatologist</b>	22	17.7%	30	25.6%	22	21.4%
<b>Optometrist*</b>	47	37.9%	50	42.7%	22	21.4%
Dentist*	61	49.2%	74	63.2%	19	18.4%
Gastroenterologist	12	9.7%	9	7.7%	16	15.5%
Urologist	10	8.1%	16	13.7%	16	15.5%
Radiologist	20	16.1%	24	20.5%	14	13.6%
OB/GYN	20	16.1%	19	16.2%	13	12.6%
Endocrinologist	8	6.5%	10	8.5%	12	11.7%
General surgeon	18	14.5%	17	14.5%	12	11.7%
Physical therapist*	27	21.8%	35	29.9%	12	11.7%
Ophthalmologist	18	14.5%	15	12.8%	11	10.7%
Pulmonologist	10	8.1%	5	4.3%	10	9.7%
Neurologist	13	10.5%	10	8.5%	9	8.7%
Podiatrist	8	6.5%	10	8.5%	9	8.7%
Chiropractor*	19	15.3%	39	33.3%	8	7.8%
Audiologist	Not asked - 2013		Not asked - 2016		7	6.8%
ENT (ear/nose/throat)	17	13.7%	15	12.8%	6	5.8%
Allergist	5	4.0%	4	3.4%	5	4.9%
Rheumatologist	4	3.2%	6	5.1%	4	3.9%
Mental health counselor	2	1.6%	1	0.9%	3	2.9%
Occupational therapist	3	2.4%	5	4.3%	3	2.9%
Oncologist	11	8.9%	9	7.7%	3	2.9%
Neurosurgeon	7	5.6%	6	5.1%	2	1.9%
Pediatrician	8	6.5%	4	3.4%	2	1.9%
Psychiatrist (M.D.)	1	0.8%	1	0.9%	1	1.0%

Social worker	4	3.2%	0	0.0%	1	1.0%
Substance abuse counselor	Not asked in 2013		0	0.0%	1	1.0%
Geriatrician	Not asked in 2013		0	0.0%	0	0.0%
Psychologist	Not asked in 2013		1	0.9%	0	0.0%
Speech therapist	Not asked in 2013		3	2.6%	0	0.0%
Other	2	1.6%	4	3.4%	8	7.8%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- MRI
- Pain management
- Colonoscopy
- Plastic surgery, eye lids reduced
- Thyroid
- Congestive heart Dr.
- Kidney
- MFM (Maternal Fetal Medicine)

### Overall Quality of Care at Daniels Memorial Healthcare Center (Question 23)

Respondents were asked to rate a variety of aspects of the overall care provided at Daniels Memorial Healthcare Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know. The sums of the average scores were then calculated with Physical therapy services receiving the top average score of 3.6 out of 4.0. Family practice and Immunizations both received a score of 3.5 out of 4.0. The total average score 3.4, indicates the overall services of the hospital as "Excellent" to "Good."

<b>2019</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know</b>	<b>No Ans.</b>	<b>N</b>	<b>Avg</b>
<b>Physical therapy</b>	48	14	5	0	1	57	125	<b>3.6</b>
<b>Family practice</b>	47	42	4	0	1	31	125	<b>3.5</b>
<b>Immunizations</b>	44	30	4	0	2	45	125	<b>3.5</b>
Emergency room	36	31	6	0	4	48	125	3.4
Laboratory	46	39	5	2	1	32	125	3.4
Occupational therapy	8	6	0	1	8	102	125	3.4
Radiology	20	25	3	0	6	71	125	3.4
CT scan	27	17	7	1	6	67	125	3.3
Mammography	13	12	3	1	8	88	125	3.3
Ultrasound	12	10	2	1	11	89	125	3.3
Telemedicine	8	8	3	1	7	98	125	3.2
MRI	8	5	5	1	9	97	125	3.1
Adult day care	4	4	2	1	7	107	125	3.0
Long term care	8	12	3	3	5	94	125	3.0
Speech therapy	1	5	0	3	9	107	125	2.4
<b>TOTAL</b>	<b>263</b>	<b>181</b>	<b>37</b>	<b>13</b>				<b>3.4</b>

*2016 and 2013 tables continue on next page...*

<b>2016</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know</b>	<b>No Ans.</b>	<b>N</b>	<b>Avg</b>
<b>Laboratory</b>	66	42	6	0	22	16	152	<b>3.5</b>
<b>Adult day care</b>	12	8	1	1	104	26	152	<b>3.4</b>
<b>Emergency room</b>	47	35	9	2	38	21	152	<b>3.4</b>
<b>Immunizations</b>	39	46	4	0	42	21	152	<b>3.4</b>
<b>Physical therapy</b>	36	25	6	1	62	22	152	<b>3.4</b>
<b>Radiology</b>	35	32	5	0	53	27	152	<b>3.4</b>
<b>Ultrasound</b>	9	6	2	0	106	29	152	<b>3.4</b>
CT scan	26	28	8	0	66	24	152	3.3
Long term care	19	17	5	0	84	27	152	3.3
Occupational therapy	8	9	2	0	104	29	152	3.3
Telemedicine	8	10	1	1	102	30	152	3.3
Family practice	44	42	15	4	26	21	152	3.2
Speech therapy	3	4	0	2	113	30	152	2.9
Visiting nurse services	7	6	4	2	105	28	152	2.9
<b>TOTAL</b>	<b>359</b>	<b>310</b>	<b>68</b>	<b>13</b>				<b>3.4</b>

<b>2013</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know</b>	<b>N/A</b>	<b>No Ans.</b>	<b>N</b>	<b>Avg</b>
<b>Immunizations</b>	64	34	1	1	6	36	22	164	<b>3.6</b>
<b>Emergency room</b>	65	37	10	0	5	31	16	164	<b>3.5</b>
<b>Laboratory</b>	76	43	7	1	3	16	18	164	<b>3.5</b>
Radiology	28	26	6	0	10	68	26	164	3.4
Telemedicine	7	5	2	0	21	101	28	164	3.4
Adult day care	12	16	2	0	15	94	25	164	3.3
Family practice	49	47	12	4	4	29	19	164	3.3
Long term care	18	21	6	0	13	83	23	164	3.3
Physical therapy	38	23	10	4	9	62	18	164	3.3
Visiting nurse services	12	12	4	1	19	95	21	164	3.2
Occupational therapy	6	9	4	0	14	105	26	164	3.1
Speech therapy	3	2	1	1	20	110	27	164	3.0
<b>TOTAL</b>	<b>378</b>	<b>275</b>	<b>65</b>	<b>12</b>					<b>3.4</b>

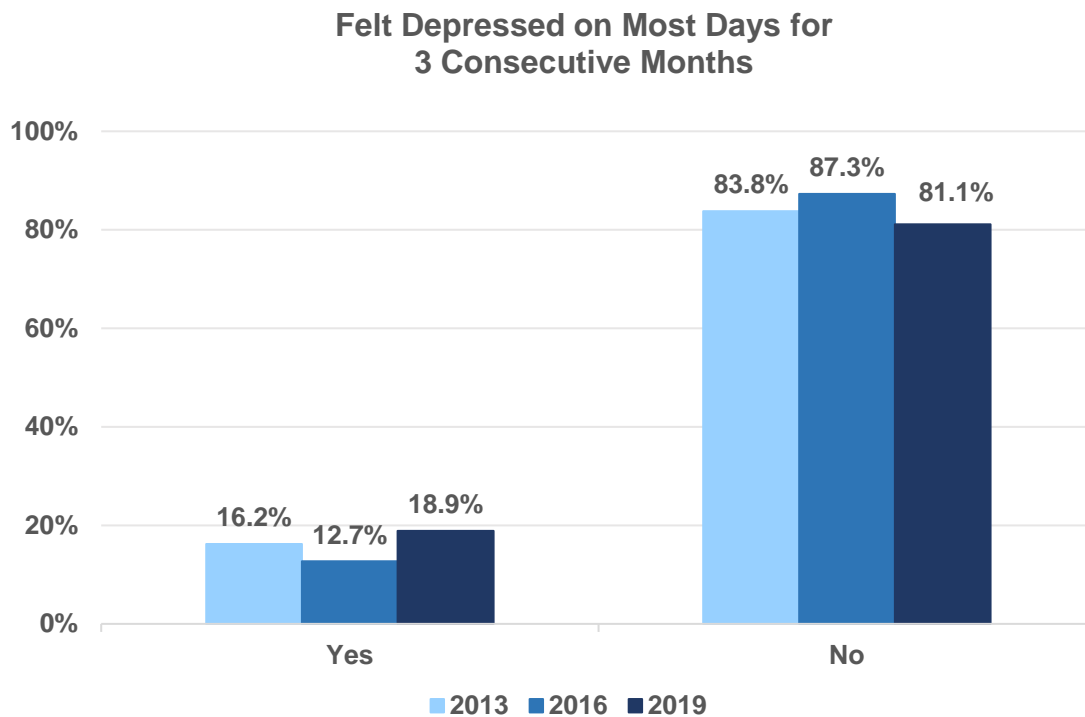
### Prevalence of Depression (Question 24)

2019 N= 122

2016 N= 142

2013 N= 154

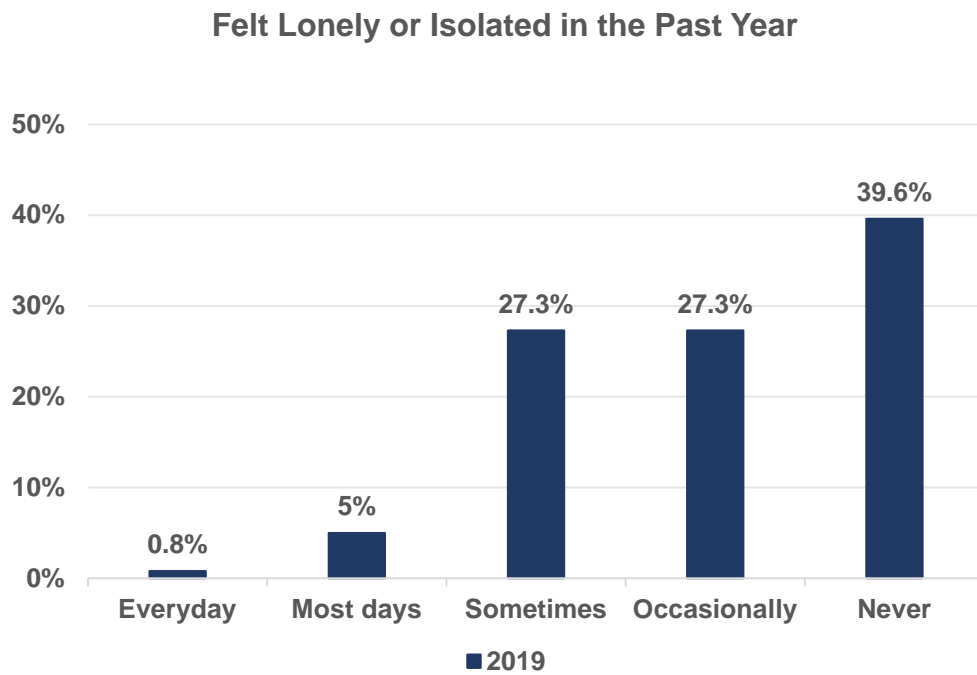
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Nineteen percent of respondents (n=23) indicated they had experienced periods of depression, and 81.1% of respondents (n=99) indicated they had not.



## Prevalence of Social Isolation (Question 25)

2019 N= 121

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty percent of respondents (n=48) indicated they never felt lonely or isolated, and 27.3% of respondents (n=33 each) indicated they had sometimes and occasionally felt lonely or isolated. Five percent of respondents (n=6) reported they feel isolated or lonely most days. Four respondents chose not to answer this question.



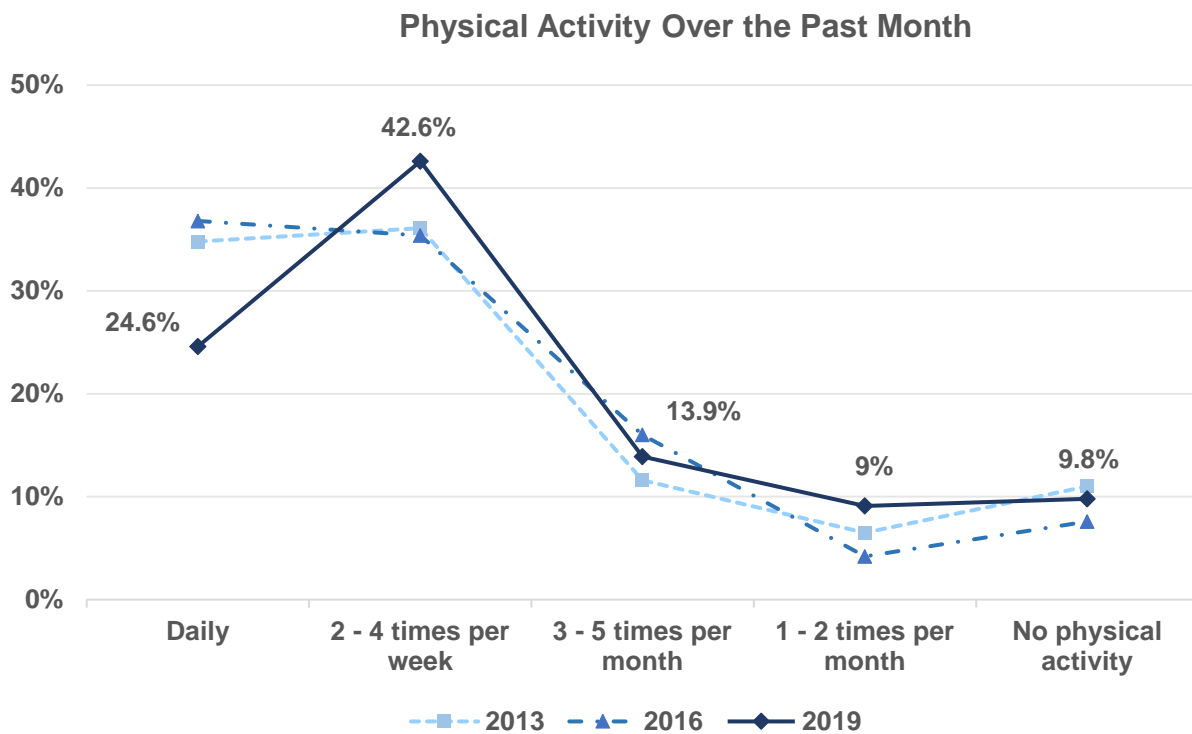
### Physical Activity (Question 26)

2019 N= 122

2016 N= 144

2013 N= 155

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-three percent of respondents (n=52) indicated they had physical activity of at least twenty minutes “2-4 times per week”, 24.6% reported “Daily” physical activity (n=30), and 13.9% (n=17) indicated they. Ten percent of respondents (n=12) indicated they had “No physical activity”.





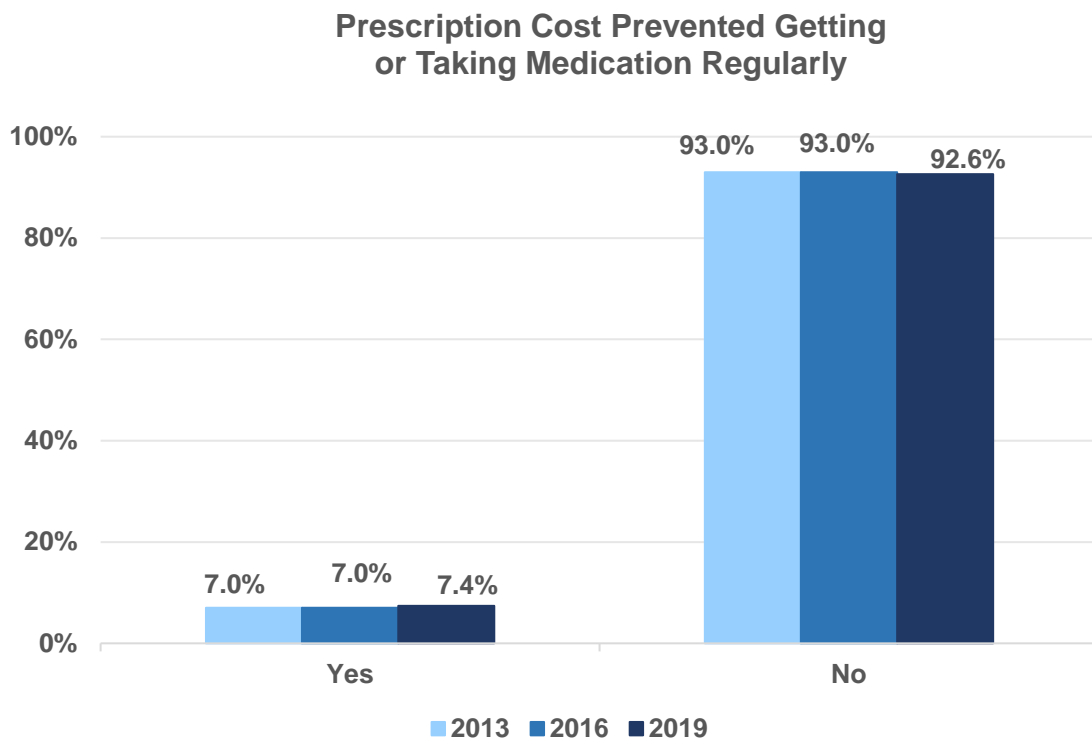
### Cost and Prescription Medications (Question 27)

2019 N= 122

2016 N= 142

2013 N= 157

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Seven percent of respondents (n=9) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Ninety-three percent of respondents (n=113) indicated that cost had not prohibited them.

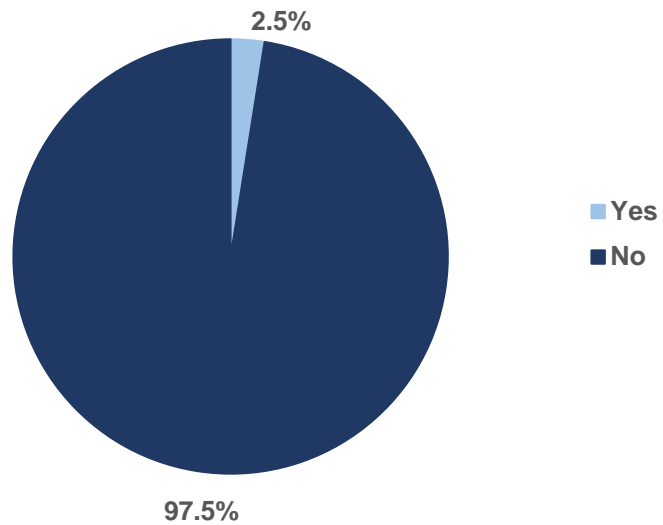


### Food Insecurity (Question 28)

2019 N= 122

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. Three percent of respondents (n= 3) indicated that, in the last year, they did worry about having enough food.

**Worried About Food in the Past Year**



## Injury Prevention Measures (Question 29)

2019 N= 125

Respondents were asked to indicate which, if any, injury prevention measures they engage in. Seventy-eight percent of respondents (n=98) indicated they use a seat belt. Forty-five percent (n=56) reported they regularly exercise, and 16% (n=20) reported utilization of in-home safety measures.

Type	2019	
	Count	Percent
<b>Seat belt</b>	<b>98</b>	<b>78.4%</b>
<b>Regular exercise</b>	<b>56</b>	<b>44.8%</b>
<b>In-home safety measures (ramps, rails, medical alert device, etc.)</b>	<b>20</b>	<b>16.0%</b>
Designated driver	17	13.6%
Child car seat/booster	16	12.8%
None	10	8.0%
Helmet	6	4.8%
Injury prevention classes	1	0.8%
Other	5	4.0%

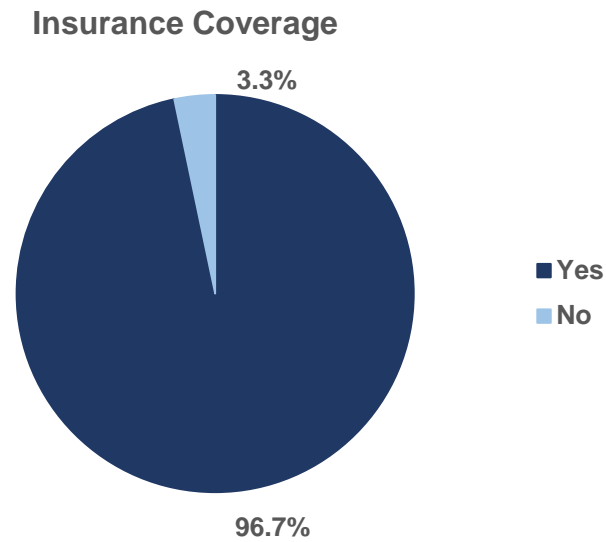
“Other” comments:

- Caution
- Avoid/be careful when walking on ice- it’s everywhere
- Cane
- Have not needed most
- Walker

### Insurance Coverage (Question 30)

2019 N= 121

Respondents were asked to indicate they have health insurance. Ninety-seven percent (n=117) reported they did have health coverage, 3.3% (n=4) did not.



### Medical Insurance Type (Question 31)

2019 N= 109

2016 N= 127

2013 N= 141

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Forty percent (n=44) indicated they have “Medicare” coverage. Twenty-six percent (n=28) indicated they have “Employer sponsored”, and “Health Insurance Marketplace” was selected by 10.1% of respondents (n=11).

	2013		2016		2019	
Insurance Type	Count	Percent	Count	Percent	Count	Percent
<b>Medicare</b>	<b>56</b>	<b>39.7%</b>	<b>47</b>	<b>37.0%</b>	<b>44</b>	<b>40.4%</b>
<b>Employer sponsored</b>	<b>45</b>	<b>31.9%</b>	<b>41</b>	<b>32.3%</b>	<b>28</b>	<b>25.7%</b>
<b>Health Insurance Marketplace</b>	Not asked in 2013		6	4.7%	<b>11</b>	<b>10.1%</b>
Private insurance/private plan	<b>19</b>	<b>13.5%</b>	<b>15</b>	<b>11.8%</b>	8	7.3%
Medicaid	4	2.8%	1	0.8%	7	6.4%
Agricultural Corp. Paid	2	1.4%	2	1.6%	2	1.8%
Health Savings Account	0	0.0%	2	1.6%	2	1.8%
VA/Military	4	2.8%	3	2.4%	2	1.8%
Healthy MT Kids	1	0.7%	1	0.8%	1	0.9%
Indian Health	2	1.4%	0	0.0%	0	0.0%
None/Pay out of pocket	4	2.8%	5	3.9%	0	0.0%
Other	2	1.4%	3	2.4%	4	3.7%
<b>TOTAL</b>	<b>141</b>	<b>100%</b>	<b>127</b>	<b>100%</b>	<b>109</b>	<b>100%</b>
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- Supplement
- Medicare and private insurance (2)
- BC&BS of Montana

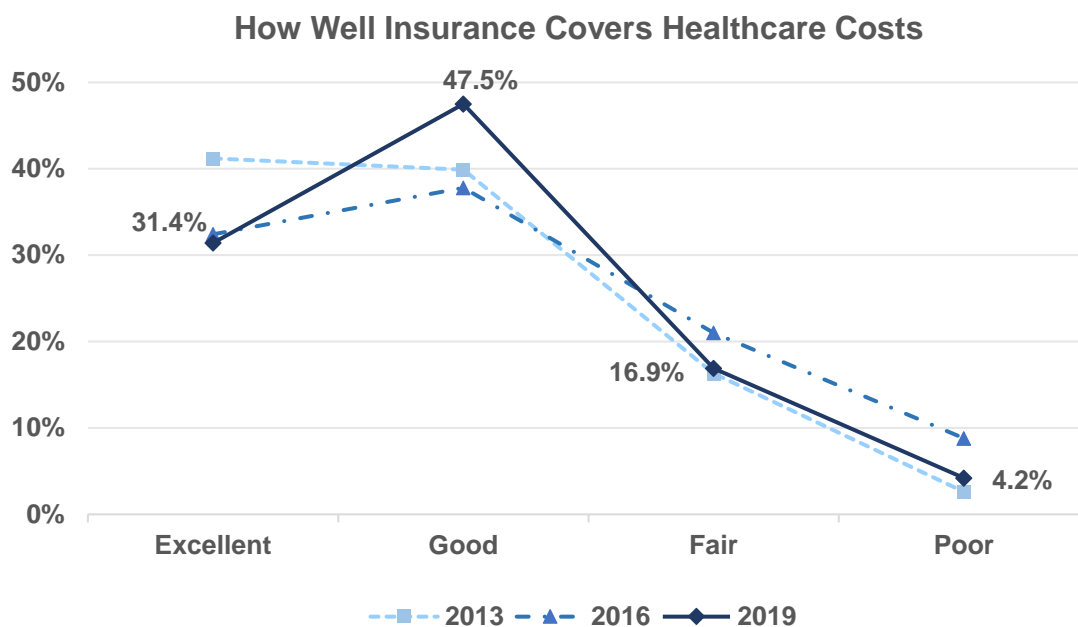
### Insurance and Healthcare Costs (Question 32)

2019 N= 118

2016 N= 148

2013 N= 153

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-eight percent of respondents (n=56) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-one percent of respondents (n=37) indicated they felt their insurance was “Excellent”, and 16.9% of respondents (n=20) indicated they felt their insurance was “Fair.”



### Barriers to Having Health Insurance (Question 33)

2019 N= 4

For those who indicated they do not have insurance (n=4), the reason most selected was “Cannot afford to pay for medical insurance.” Respondents could select all that apply, so percentages do not equal 100%.

Reason	2019	
	Count	Percent
Can't afford to pay for medical insurance	3	75.0%
Employer does not offer insurance	0	0.0%
Choose not to have medical insurance	0	0.0%
Other	1	25.0%

“Other” comments:

- Outrageous premiums and large deductibles we never meet

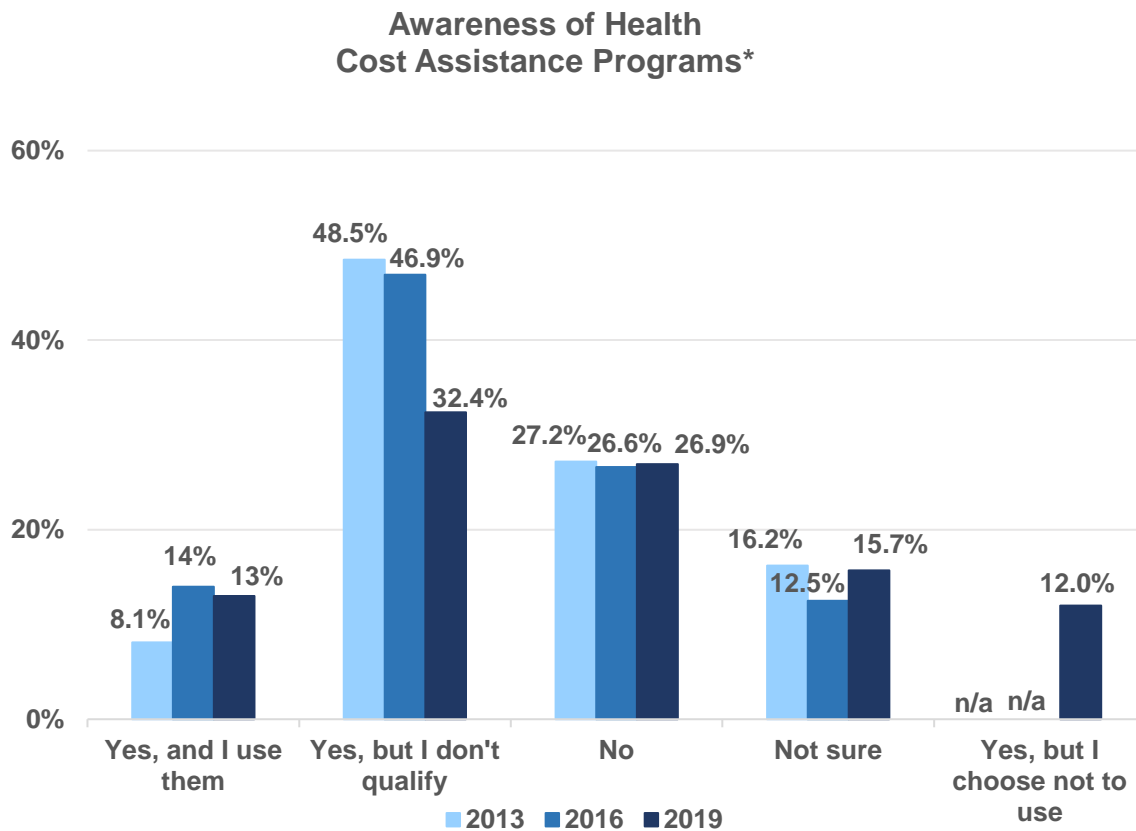
### Awareness of Health Cost Assistance Programs (Question 34)

2019 N= 108

2016 N= 128

2013 N= 136

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-two percent of respondents (n=35) indicated they were aware of these types of programs but did not qualify to utilize them. Twenty-seven percent (n=29) indicated that they were not aware of these programs, and 15.7% of respondents (n=17) indicated they were unsure.



\*Significance cannot be determined because 'Yes, but I choose not to use' was not asked in previous years.



## VI. Key Informant Interview Methodology






Four key informant interviews were conducted in February of 2019. Participants were identified as people living in Daniels Memorial Healthcare Center's service area. The interviews were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The interviews lasted up to 15 minutes in length and followed the same line of questioning. Key informant interview questions can be found in Appendix G. The interviews

were conducted by Amy Royer with the Montana Office of Rural Health.

## VII. Key Informant Interview Themes

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

 <b>Mental Health</b>	<ul style="list-style-type: none"><li>• Mental health was mentioned frequently as a concern. The community expressed that mental health services used to exist in Scobey, but counseling and resources are currently lacking despite an increased population identifying with mental health issues.</li><li>• When discussing the lack of mental health services available, one participant said "We have some telemed psychiatric services, but they are pretty limited. Some people don't want to talk to a monitor and others don't want to admit that they have an issue and need to get help."</li></ul>
 <b>Access to Healthcare</b>	<ul style="list-style-type: none"><li>• Having a hospital and a modest range of services was mentioned with positivity in most interviews. Participants mentioned that having access to telehealth services was a plus.</li><li>• Access to stable providers was mentioned as a concern- "It's frustrating when people ask who your primary provider is, and you don't know because they change so often".</li><li>• It was expressed in multiple interviews that many Scobey and surrounding area residents stay in the community for primary care and travel elsewhere for specialty services.</li><li>• One participant mentioned that having a more consistent healthcare workforce and services available would make the community a healthier place to live.</li></ul>
 <b>Senior Services</b>	<ul style="list-style-type: none"><li>• A need for more age in place services was mentioned - such as home health, transportation and in-home assistance.</li><li>• Social isolation was also mentioned as a concern among seniors in the community - "Mental health is such an issue here, and we do not have the services available. I worry about the older community members who are out on the farm by themselves- they are out there alone with no resources."</li></ul>



**Services  
Needed in the  
Community**

- Mental health counselors and services
- Visiting specialists
- Chronic pain resources
- Home health and age in place services
- Hospice
- Greater health education
- Stable medical providers - M.D.
- Overall impression of services and the health of the community was positive. One participant stated, "We have a social and healthy environment. There is a nice grocery store and a lot of activities so overall, I think it's a healthy place to live."

## VIII. Executive Summary

The table below shows a summary of results from the Community Health Assessment. Areas of opportunity were determined after consideration of various criteria including: comparison to data from local, state and federal sources (Secondary data); survey results; those issues of greatest concern identified by the community stakeholders through key informant interviews; and the potential impact of a given issue. Those items in bold were found in multiple data sources.

Areas of Opportunity Identified Through Assessment	Secondary Data	Survey Data	Key Informants
<b>Access to Healthcare Services</b> <ul style="list-style-type: none"> <li>Barriers to Access <ul style="list-style-type: none"> <li>Transportation</li> <li>Appointment availability in clinic</li> <li>Primary healthcare workforce continuity/stability</li> </ul> </li> <li><b>Senior services (high proportion of 65+ in county)</b></li> <li>Access to mental health services</li> <li>Marketing and outreach about available services</li> <li>Specialty services</li> </ul>	X	X X X X X X	X X X X X X
<b>Wellness and Prevention</b> <ul style="list-style-type: none"> <li><b>Higher rates of reported physical inactivity</b></li> <li>Decreasing perception of overall community health</li> <li>Interest in health and wellness, weight loss, nutrition</li> </ul>	X	X X X	X
<b>Behavioral Health</b> <ul style="list-style-type: none"> <li><b>Mental health services</b></li> <li>Higher rates of excessive drinking</li> <li>Social isolation/loneliness</li> </ul>	X X	X  X	X  X
<b>Injury and Violence</b> <ul style="list-style-type: none"> <li>Seatbelt use</li> <li>Drinking and driving</li> <li>Higher rates of unintentional injury deaths</li> </ul>	X X X		
<b>Chronic and Communicable Disease</b> <ul style="list-style-type: none"> <li>Rates of 2+ chronic conditions highest in MT frontier communities (41%)</li> </ul>	X		

## **IX. Prioritization of Health Needs, Available Resources, and Implementation Planning Process**

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The community steering committee, comprised of staff leaders from Daniels Memorial Healthcare Center (DMHC) and community members from Daniels County, convened to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) process.

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

- Mental health
- Access to healthcare services
- Health and wellness

Daniels Memorial Healthcare Center will determine which needs or opportunities could be addressed considering DMHC's parameters of resources and limitations. The committee will prioritize the needs/opportunities using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

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

## Resources

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

- Daniels County Schools
- Beacon Community Foundation
- Daniels County Chamber of Commerce
- Mental Health America of Montana
- Daniels County Health Department
- Ministerial Association
- Montana State University (MSU) Extension
- MSU Center for Mental Health Research and Recovery
- Montana Healthcare Foundation
- Agency for Healthcare Research and Quality (AHRQ)
- Mental Health First Aid

## X. Evaluation of Activity Impacts from Previous CHNA

Daniels Memorial Healthcare Center provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The DMHC Board of Directors approved its previous implementation plan on April 7, 2016. The plan prioritized the following health issues:

- Behavioral health
- Senior needs
- Healthy lifestyles
- Access to health care

The following tables include completed activities, accomplishments and impacts/outcomes within the facility's proposed goals. To view DMHC's full Implementation Plan visit:

<http://www.danielsmemorialhealthcare.org/pdf/DMHC-Implementation-Plan-Report-2016.pdf>

### ***Goal 1: Prioritize the top behavioral health need in the county and implement programs that will increase access to behavioral health services***

	Activities	Accomplishments	Community Impact/Outcomes
<b>1.1</b> Increase awareness of available behavioral health services in Daniels County.	Identify resources/programs that are currently available in Daniels County	DMHC had a kickoff meeting with MHCF	Developed coalition with Daniels Co. Health Department
	Create a resource map	Behavioral Health Coalition attended a facilitated meeting with the National Council for Behavioral Health as a part of an Integrated Behavioral Health grant from the Montana Healthcare Foundation	Community members involved in coalition
	Distribute resource map to community members	DMHC and partners developed brochures and magnets and distributed in community	Resources distributed to community
<b>1.2</b> Prioritize behavioral health need(s) and develop community action plan.	Identify key stakeholders (i.e. schools, employers, providers, public health)		
	Establish a community steering committee comprised of community stakeholders	Group attended facilitated meeting with the National Council for Behavioral Health as a part of an Integrated Behavioral Health grant from the Montana Healthcare Foundation	Involved all members of the community
	Identify possible resources and funding opportunities available	Daniels Co. Health Department received a grant of \$50,000 through MHCF for behavioral health	
	Develop a community survey instrument to determine top behavioral health need	Developed survey 2016 and 2017 for HS and community.	DMHC focused on PHQ2 and PHQ9 screening in the clinic
	Create community action plan based on survey results and community steering committee input – Develop suicide prevention program	DMHC began working with Billings Clinic on a suicide prevention program using iPad screening in the ER for adults	Adults who present to the ER are given a mental health screening suicide risk assessment

1.3. Explore opportunities to increase availability of behavioral health services at DMHC.	Explore possible telemedicine options for behavioral health services		We continue to work to add providers to EMTN and educate patients
	Investigate the possibility of providing an employee wellness program in the facility	Group meets bi-monthly to discuss wellness topics	Approximately 15-20 DMHC employees involved. Led by Daniels Co. Health Dept.

**Goal 2: Increase access to needed senior services for Daniels County**

	Activities	Accomplishments	Community Impact/Outcomes
2.1 Increase awareness of available senior services in Daniels County.	Identify resource/programs that are currently available in Daniels County	DMHC created and distributed brochures in community	Barb Ward with DMHC joined the Council on Aging and Sr. Center to develop/update brochure.
	Create a resource map		
	Distribute resource map to community members		

**Goal 3: Promote healthy lifestyles and increase overall wellness in the community**

	Activities	Accomplishments	Community Impact/Outcomes
3.1 Increase awareness of available wellness services/opportunities in Daniels County.	Identify resource/programs that are currently available in Daniels County	DMHC hosts and promotes various prevention and wellness classes/programs in the community	
	Create a resource map		
	Distribute resource map to community members		
	Promote existing programs in the community in partnership with organizational partners		Arthritis Exercise Class is offered 2x per year at DMHC in partnership with Daniels Co. Health Department. Diabetic and Chronic Disease classes are promoted with various partners in the community. DMHC refers patients to Daniels Co. Health Department for cervical and breast cancer screenings.
3.2 Identify wellness program to develop in the community and create an action plan.	Identify key stakeholders (i.e. schools, employers, providers, public health)	Daniels County Health Department has been working with DMHC and Independence Bank in Scobey to implement worksite wellness programs	
	Identify possible resources and funding opportunities available		
	Explore feasibility of partnering with other community resources to develop a wellness program		
	Create action plan		

**Goal 4: Provide increased access to needed healthcare services for Daniels County**

	Activities	Accomplishments	Community Impact/Outcomes
<b>4.1</b> Bring mobile MRI services to the community.	Determine how often mobile MRI services will be utilized	Began MRI scans in November 2018, 12 scans were completed	MRI services now available in the area
	Reach out to mobile MRI vendor(s) to discuss feasibility		
	Create contracts with vendor(s)		
	Market the MRI services via newspaper advertisements, the DMHC website, etc.		
<b>4.2</b> Promote telemedicine services currently offered at DMHC.	Research outreach strategies utilized by similar facilities		DMHC offers telemedicine services to patients whose providers participate
<b>4.3.</b> Provide increased access to specialists through partnerships with other facilities/providers in the area.	Determine feasibility of offering visiting specialists (i.e. facility space/capacity, scheduling, etc.)	OB/GYN and General Surgeon now come to Scobey to see patients	
<b>4.4</b> Recruit an additional primary care provider.	Verify that DMHC is an NHSC-approved site (as a critical access hospital)	Verified	
	Publish provider opening online – NHSC, 3RNet, etc.		Published through 3RNet



## Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Eric Connell, CEO	Daniels Memorial Healthcare Center (DMHC)
Barbara Ward	Marketing and Executive Assistant- DMHC
Deanna Ferestad, FNP	Provider- DMHC
Dawn Hammerly	Social Services- DMHC
Beverly Lund	Scobey Food Bank
Lois Leibrand	Daniels County Health Department
Mary Nyhus	Daniels County Health Officer
Sherie Anderberg	Scobey Senior Center
Tara Thomas	Superintendent, Scobey Schools
Liana Handran	Board of Directors- DMHC
Teresa Danelson	Daniels County Health Department
Inga Hawbaker	Montana State University Extension Agent, Daniels County
Mikel Lund	Daniels County Commissioner



**SCOBEEY PUBLIC SCHOOLS**



**MONTANA**  
STATE UNIVERSITY

EXTENSION



**Daniels  
Memorial**  
HEALTHCARE CENTER



## Appendix B – Public Health and Populations Consultation

### Public Health

- a. Consult: Lois Leibrand - Daniels County Health Department; Deanna Ferestad, FNP - DMHC Provider;  
Dawn Hammerly - DMHC Social Services
- b. Date of Consultation  
First Steering Committee Meeting: 11/13/2018
- c. Input and Recommendations from Consultation
  - The population is actually increasing, people are just going elsewhere to have their babies – so numbers are not always accurate.
  - Suicide is an issue here and in Montana

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

#### Population: Low-Income, Underinsured

- a. Consult: Lois Leibrand - Daniels County Health Department; Deanna Ferestad, FNP - DMHC Provider; Dawn Hammerly - DMHC Social Services; Mary Nyhus - Daniels County Health Officer
- b. Date of Consultation  
First Steering Committee Meeting: 11/13/2018
- c. Input and Recommendations from Consultation
  - It seems like there are a lot of people on Medicaid.
  - Even farmers are on Medicaid now.
  - We don't have a super accurate WIC – there are a lot of WIC folks, but you have to go to Plentywood to sign up.
  - Having to go to Plentywood is an access issue and I think that is a problem for other services as well.

#### Population: Youth

- a. Consult: Tara Thomas – Superintendent, Scobey Schools; Lois Leibrand – Daniels County Health Department
- b. Date of Consultation  
First Steering Committee Meeting: 11/13/2018
- c. Input and Recommendations from Consultation
  - There are bigger numbers of kids in elementary schools now than there were 10 years ago. A lot of younger families moving in.

- It seems like I have seen a lot of younger families moving in.

## Appendix C – Secondary Data

Daniels County  
Secondary Data Analysis

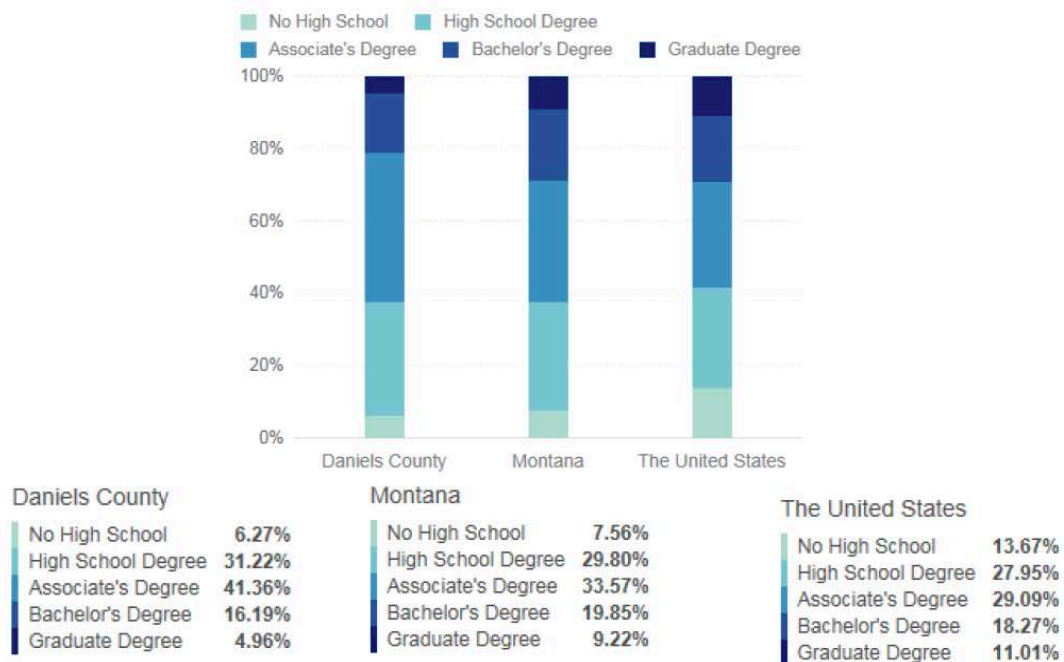


Office of Rural Health  
Area Health  
Education Center

Demographic Measure (%)		County			Montana			Nation		
Population <sup>2</sup>		1,751			1,032,949			321,418,820		
Population Density <sup>2</sup>		1.2			6.8			Not relevant		
Age <sup>2</sup>		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		6.0%	54.0%	25.5%	6%	54.9%	17.2%	6.2%	56%	14.9%
Veteran Status <sup>2</sup>		10.0%			11.1%			8%		
Disability Status <sup>2</sup>		16.4%			16.5%			15.2%		
Gender <sup>2</sup>		Male		Female	Male		Female	Male		Female
		49.5%		50.5%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution <sup>2</sup>	White	95.2%			89.2%			77.1%		
	American Indian or Alaska Native	2.5 %			6.6%			1.2%		
	Other †	2.6%			5.1%			36.7%		

<sup>2</sup>US Census Bureau Fact Finder (2016)    †Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

### Highest Degree Attained



<sup>4</sup> National Center for Education Statistics



Socioeconomic Measures (%)	County	Montana	Nation
Median Income <sup>2</sup>	\$53,591	\$50,801	\$57,652
Unemployment Rate <sup>2</sup>	1.1%	3.0%	4.1%
Persons Below Poverty Level <sup>2</sup>	4.6%	14.4%	10.7%
Uninsured Adults (Age <65) <sup>1, 6</sup>	10%	10%	6%
Uninsured Children (Age <18) <sup>5, 6</sup>	N/A	6%	5%
Children in Poverty <sup>18, 8</sup>	13%	19%	21%
Enrolled in Medicaid <sup>12, 13</sup>	3.5%	9.4%	1 in 5
Enrolled in Free/Reduced Lunch Pre-k through 12 <sup>th</sup> grade <sup>18</sup>	47	62,951	-
SNAP Participants All ages, FY 2015 <sup>18</sup>	61	118,704	-

<sup>1</sup>County Health Ranking, Robert Wood Johnson Foundation (2018), <sup>2</sup>US Census Bureau (2015), <sup>6</sup>Center for Disease Control and Prevention (CDC), Health Insurance (2014), <sup>5</sup>KFF.org Health Insurance Coverage of Children 0-18 (2017), <sup>8</sup>National Center for Children in Poverty  
<sup>12</sup>MT-DPHHS Medicaid Expansion Dashboard (2018) <sup>13</sup>KFF.org Medicaid in the U.S. (2018), <sup>18</sup>Montana Kids Count (2016)

Maternal Child Health <sup>3</sup>	County	Montana
Births <sup>3</sup> Between 2011-2013	48	35,881
Born less than 37 weeks <sup>3</sup>	9.6%*	9.1%
Teen Birth Rate (females age 15-19) <sup>3</sup> Per 1,000 years 2009-2013	N/A	32.0
Smoking during pregnancy <sup>3</sup>	14.7%*	16.3%
Receiving WIC <sup>3</sup>	26.1%*	34.6%
Children (2-5 years of age) overweight or obese <sup>3</sup>	30.4%*	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage <sup>17</sup>	76%	63.6%

<sup>3</sup>County Health Profiles, DPPHS (2015), <sup>17</sup>MT-DPHHS Clinic Immunization Results (2016-2017)  
UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 Hib, 3 Hep B, 1 Var, 4 PCV by 24 – 35 month old children.

\*Frontier County Data (2011-2013)

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking <sup>1</sup>	13%	19%	14%
Excessive Drinking <sup>1</sup>	21%	21%	13%
Adult Obesity <sup>1</sup>	26%	25%	26%
Poor Mental Health Days (Past 30 days) <sup>1</sup>	3.0	3.5	3.1
Physical Inactivity <sup>1</sup>	27%	20%	19%
Drug Use Hospitalization Rate Per 100,000 population <sup>19</sup>	N/A	372.5	-
Intentional Self-Harm ED Visit Rate Per 100,000 population <sup>19</sup>	N/A	126.9	-
Mental Disorders Hospitalization Rate Per 100,000 population <sup>19</sup>	N/A	241.3	-

<sup>1</sup>County Health Ranking, Robert Wood Johnson Foundation (2018) <sup>19</sup>IBIS Community Snapshot, MT-DPPHS



<i>Unsafe Driving<sup>16</sup></i>	Montana	Nation
<i>Do NOT wear seatbelts – Adults</i>	26.2%	11.8%
<i>Do NOT wear seatbelts – Students 9-12<sup>th</sup> grade</i>	22.3%	9.5%
<i>Drink and Drive</i>	2.7%	1.9%
<i>Text and Drive – Students 9-12<sup>th</sup> grade</i>	3.2	3.6

<sup>16</sup> Montana State Health Assessment (2017)

<i>Communicable Diseases (per 100,000 people)<sup>3</sup></i>	County	Montana
<i>Chlamydia</i>	18.74	366.24
<i>Hepatitis C</i>	74.98	122.95
<i>Pertussis</i>	56.23	44.60

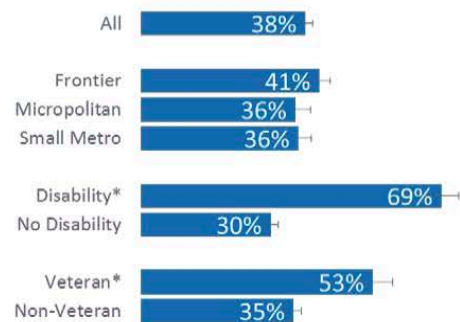
<sup>3</sup> County Health Profiles, DPPHS (2015)

<i>Chronic Conditions<sup>19</sup></i>	County	Montana
<i>Diabetes Hospitalization Rate Per 100,000 population</i>	812.2	1058.9
<i>COPD Emergency Department Visit Rate Per 100,000 population</i>	575.6	669.9
<i>Acute Myocardial Infarction (MI) Hospitalization Rate Per 100,000 population</i>	N/A	118.1

<sup>19</sup> IBIS Community Snapshot, MT- DPPHS

<i>Montana Adults with Self-Reported Chronic Condition<sup>16</sup></i>	
1. Arthritis	26.8%
2. Asthma	8.9%
3. Cancer (includes skin cancer)	7.9%
3. Diabetes	7.9%
4. COPD	5.7%
5. Cardiovascular disease	3.2%
6. Stroke	2.7%
7. Kidney disease	2.5%

#### Percent of Montana Adults with Two or More Chronic Conditions



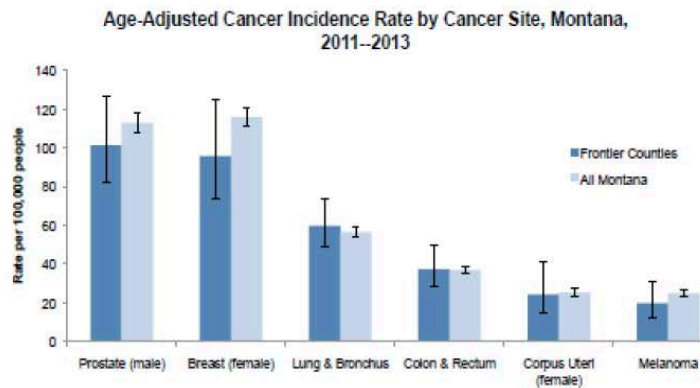
<sup>16</sup> Montana State Health Assessment (2017)



<sup>3</sup> County Health Profiles, DPPHS (2015)

Cancer Prevalence	County	Montana	Nation
All Sites Cancer <sup>3, 10</sup> Per 100,000 population	395.0	439.8	448.7

<sup>10</sup> Center for Disease Control and Prevention (CDC) (2014)



Mortality	County	Montana	Nation
Suicide Rate per 100,000 population <sup>21</sup>	N/A	22.5	13.4
Unintentional Injury Death Rate per 100,000 population <sup>20</sup>	51.6	41.3	41.3
Diabetes Mellitus <sup>19, 11</sup> per 100,000 population	N/A	23.6	21
Leading Causes of Death <sup>19, 9</sup>	N/A	1. Cancer 2. Heart Disease 2. Unintentional Injuries	1. Heart Disease 2. Cancer 3. CLRD*

<sup>9</sup> Center for Disease Control and Prevention (CDC), National Vital Statistics (2014), <sup>11</sup> Kaiser State Health Facts, National Diabetes Death Rate (2016), <sup>19</sup> IBIS Community Snapshot, MT- DPPHS <sup>20</sup> Preventable Deaths in Montana (2015) <sup>21</sup> Suicide in Montana, MT-DPHHS (2018)

\*Chronic Lower Respiratory Disease

## Appendix D – Survey Cover Letter



January 14, 2019

Dear [LASTNAME] household:

Daniels Memorial Healthcare Center is partnering with the Montana Office of Rural Health (MORH) to administer a community health needs assessment survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to best serve our community. Your help is critical in determining your local hospital's health priorities and planning for future needs.

You have been randomly selected as a resident who lives in Daniels Memorial Healthcare Center's service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable, so we have made an effort to keep the survey to about 15 minutes. Participating in this survey is completely voluntary and your identity and answers will remain confidential.

1. Due date to complete survey: February 15, 2019
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Daniels Memorial Healthcare Center Survey." Your access code is [CODED]

All survey responses will go to the HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call Natalie Claiborne at 406-994-6001. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Connell", is placed over a light blue rectangular background.

Eric Connell, CEO

[danielsmemorialhealthcare.org](http://danielsmemorialhealthcare.org)

Phone: 406.487.2296

Fax: 406.487.2471

PO Box 400 • 105 5th Avenue East, Scobey, MT 59263

## Appendix E – Survey Instrument

### Community Health Services Development Survey Scobey, MT



**INSTRUCTIONS:** Please complete this survey by marking the appropriate boxes and then return it in the enclosed postage-paid envelope. If you need assistance, please contact the Montana Office of Rural Health at 406-994-6001. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

1. How would you rate the general health of our community?  
☐ Very healthy      ☐ Healthy      ☐ Somewhat healthy      ☐ Unhealthy      ☐ Very unhealthy
2. In the following list, what do you think are the **three most serious** health concerns in our community?  
(**Select ONLY 3**)

<input type="checkbox"/> Alcohol abuse/substance abuse	<input type="checkbox"/> Hunger	<input type="checkbox"/> Social isolation/loneliness
<input type="checkbox"/> Alzheimer's/dementia	<input type="checkbox"/> Lack of access to healthcare	<input type="checkbox"/> Stroke
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lack of dental care	<input type="checkbox"/> Suicide
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Tobacco use
<input type="checkbox"/> Depression/anxiety	<input type="checkbox"/> Mental health issues	<input type="checkbox"/> (cigarettes, vaping, smokeless)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Motor vehicle accidents	<input type="checkbox"/> Work related accidents/injuries
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Overweight/obesity	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Recreation related accidents/injuries	
3. Select the **three** items below that you believe are **most important** for a healthy community (**select ONLY 3**):

<input type="checkbox"/> Access to healthcare and other services	<input type="checkbox"/> Good jobs and a healthy economy	<input type="checkbox"/> Parks and recreation
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Good schools	<input type="checkbox"/> Religious or spiritual values
<input type="checkbox"/> Arts and cultural events	<input type="checkbox"/> Healthy behaviors and lifestyles	<input type="checkbox"/> Strong family life
<input type="checkbox"/> Childcare/after school programs	<input type="checkbox"/> Low crime/safe neighborhoods	<input type="checkbox"/> Tolerance for diversity
<input type="checkbox"/> Clean environment	<input type="checkbox"/> Low death and disease rates	<input type="checkbox"/> Transportation services
<input type="checkbox"/> Community involvement	<input type="checkbox"/> Low level of domestic violence	<input type="checkbox"/> Other: _____
4. How do you rate your knowledge of the health services that are available at Daniels Memorial Healthcare Center?  
☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor
5. How do you learn about the health services available in our community? (**Select ALL that apply**)

<input type="checkbox"/> Friends/family	<input type="checkbox"/> Presentations	<input type="checkbox"/> Website/internet
<input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Public Health	<input type="checkbox"/> Word of mouth/reputation
<input type="checkbox"/> Mailings/newsletter	<input type="checkbox"/> Radio	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Social media	
6. Which community health resources, other than the hospital or clinic, have you used in the last three years?  
(**Select ALL that apply**)

<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Home care services	<input type="checkbox"/> Public health
<input type="checkbox"/> Dentist	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Senior center
<input type="checkbox"/> Fitness center	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse services
<input type="checkbox"/> Food bank	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Other: _____

Turn to BACK of page to continue

1



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

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

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Prenatal                  |
| <input type="checkbox"/> Alzheimer's             | <input type="checkbox"/> Heart disease       | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Living will         | <input type="checkbox"/> Support groups            |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Men's health        | <input type="checkbox"/> Weight loss               |
| <input type="checkbox"/> First aid/CPR           | <input type="checkbox"/> Mental health       | <input type="checkbox"/> Women's health            |
| <input type="checkbox"/> Fitness                 | <input type="checkbox"/> Nutrition           | <input type="checkbox"/> Worksite wellness         |
| <input type="checkbox"/> Grief counseling        | <input type="checkbox"/> Parenting           | <input type="checkbox"/> Other: _____              |

9. Have you utilized any of the following preventative services in accordance with the current guidelines (current guidelines in parentheses)? **(Select all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Children's checkup/Well baby    | <input type="checkbox"/> Mammogram (every 1-2 years)      | <input type="checkbox"/> Routine blood pressure check (yearly) |
| <input type="checkbox"/> Cholesterol check (yearly)      | <input type="checkbox"/> Medicare wellness visit (yearly) | <input type="checkbox"/> Routine health checkup (yearly)       |
| <input type="checkbox"/> Colonoscopy (every 5-10 years)  | <input type="checkbox"/> Mental health counseling         | <input type="checkbox"/> Vision check (every 1-2 years)        |
| <input type="checkbox"/> Dental exam (yearly)            | <input type="checkbox"/> Pap smear (every 3-5 years)      | <input type="checkbox"/> None                                  |
| <input type="checkbox"/> Flu shot/immunizations          | <input type="checkbox"/> Prostate (PSA)                   | <input type="checkbox"/> Other: _____                          |
| <input type="checkbox"/> Hearing check (every 3-5 years) |   |  |

10. What additional healthcare services would you use if available locally? **(Select ALL that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Assisted living              | <input type="checkbox"/> Mental health               |
| <input type="checkbox"/> Cardiac rehabilitation       | <input type="checkbox"/> Personal care services      |
| <input type="checkbox"/> Dermatology                  | <input type="checkbox"/> Tobacco treatment/cessation |
| <input type="checkbox"/> Family planning              | <input type="checkbox"/> VA Telemedicine             |
| <input type="checkbox"/> Hospice/end of life services | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Mammography                  |  |

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

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

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

- ☐ Yes      ☐ No **(If no, skip to question 14)**

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

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

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

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

15. Where was that primary healthcare provider located? (**Select ONLY 1**)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Billings                    | <input type="checkbox"/> Miles City | <input type="checkbox"/> Williston, ND |
| <input type="checkbox"/> Culbertson                  | <input type="checkbox"/> Plentywood | <input type="checkbox"/> Wolf Point    |
| <input type="checkbox"/> Glasgow                     | <input type="checkbox"/> Scobey     | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Glendive                    | <input type="checkbox"/> Sidney     |  |
| <input type="checkbox"/> Indian Health Service (IHS) | <input type="checkbox"/> VA         |  |

16. Why did you select the primary care provider you are currently seeing? (**Select ALL that apply**)

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

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

- ☐ Yes ☐ No (**If no, skip to question 20**)

18. If yes, where is the hospital that your household used MOST for hospital care located? (**Select ONLY 1**)

- |                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Billings    | <input type="checkbox"/> Minot, ND  | <input type="checkbox"/> VA            |
| <input type="checkbox"/> Glasgow     | <input type="checkbox"/> Plentywood | <input type="checkbox"/> Williston, ND |
| <input type="checkbox"/> Great Falls | <input type="checkbox"/> Scobey     | <input type="checkbox"/> Wolf Point    |
| <input type="checkbox"/> Miles City  | <input type="checkbox"/> Sidney     | <input type="checkbox"/> Other: _____  |

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

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

Turn to BACK of page to continue

3

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

- ☐ Yes ☐ No (If no, skip to question 23)

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

- |                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Billings    | <input type="checkbox"/> Minot, ND  | <input type="checkbox"/> Williston, ND |
| <input type="checkbox"/> Glasgow     | <input type="checkbox"/> Plentywood | <input type="checkbox"/> Wolf Point    |
| <input type="checkbox"/> Glendive    | <input type="checkbox"/> Scobey     | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Great Falls | <input type="checkbox"/> Sidney     |  |
| <input type="checkbox"/> Miles City  | <input type="checkbox"/> VA         |  |

22. What type of healthcare specialist was seen? (Select ALL that apply)

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

23. The following services are available at Daniels Memorial Healthcare Center. Please rate the overall quality for each service by circling your answer. (Please circle N/A if you have not used the service)

	Excellent	Good	Fair	Poor	Haven't used	Don't Know
Adult day care	4	3	2	1	N/A	DK
CT Scan	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Family practice	4	3	2	1	N/A	DK
Immunizations	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Long term care	4	3	2	1	N/A	DK
Mammography	4	3	2	1	N/A	DK
MRI	4	3	2	1	N/A	DK
Occupational therapy	4	3	2	1	N/A	DK
Physical therapy	4	3	2	1	N/A	DK
Radiology	4	3	2	1	N/A	DK
Speech therapy	4	3	2	1	N/A	DK
Telemedicine	4	3	2	1	N/A	DK
Ultrasound	4	3	2	1	N/A	DK

24. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days?

☐ Yes ☐ No

25. In the past year, how often have you felt lonely or isolated?

☐ Everyday ☐ Most days ☐ Sometimes ☐ Occasionally ☐ Never

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

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

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

☐ Yes ☐ No

28. In the past year, did you worry that you would not have enough food?

☐ Yes ☐ No

29. Which of the following injury prevention measures do you use regularly? **(Select ALL that apply)**

<input type="checkbox"/> Child car seat/booster	<input type="checkbox"/> Regular exercise
<input type="checkbox"/> Designated driver	<input type="checkbox"/> Seat belt
<input type="checkbox"/> Helmet	<input type="checkbox"/> None
<input type="checkbox"/> Injury prevention classes	<input type="checkbox"/> Other: _____
<input type="checkbox"/> In home safety measures (ramps, rails, medical alert device, etc.)	

30. Do you have health insurance?

☐ Yes ☐ No **(If no, skip to question 33)**

31. What type of medical insurance covers the **majority** of your household's medical expenses? **(Select ONLY 1)**

<input type="checkbox"/> Agricultural Corp. Paid	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Employer sponsored	<input type="checkbox"/> Medicare
<input type="checkbox"/> Health Insurance Marketplace	<input type="checkbox"/> Private insurance/private plan
<input type="checkbox"/> Health Savings Account	<input type="checkbox"/> VA/military
<input type="checkbox"/> Healthy MT Kids	<input type="checkbox"/> None/pay out of pocket
<input type="checkbox"/> Indian Health	<input type="checkbox"/> Other: _____

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

<input type="checkbox"/> Can't afford to pay for medical insurance	<input type="checkbox"/> Choose not to have medical insurance
<input type="checkbox"/> Employer does not offer insurance	<input type="checkbox"/> Other: _____

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

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

Turn to [BACK](#) of page to continue

5

**Demographics**

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

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 59222 Flaxville | <input type="checkbox"/> 59254 Plentywood | <input type="checkbox"/> 59276 Whitetail  |
| <input type="checkbox"/> 59250 Opheim    | <input type="checkbox"/> 59255 Poplar     | <input type="checkbox"/> 59201 Wolf Point |
| <input type="checkbox"/> 59252 Outlook   | <input type="checkbox"/> 59257 Redstone   | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> 59253 Peerless  | <input type="checkbox"/> 59263 Scobey     |   |

**36.** What is your gender?

- ☐ Male      ☐ Female      ☐ Other

**37.** What age range represents you?

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 76-85 |
| <input type="checkbox"/> 26-35 | <input type="checkbox"/> 56-65 | <input type="checkbox"/> 86+   |
| <input type="checkbox"/> 36-45 | <input type="checkbox"/> 66-75 |                                |

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

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

**[CODED]**

**Please return in the postage-paid envelope enclosed with this survey or mail to:**

HELPS Lab  
Montana State University  
PO Box 172245  
Bozeman, MT 59717

**THANK YOU VERY MUCH FOR YOUR TIME**  
**Please note that all information will remain confidential**

## Appendix F – Responses to Other and Comments

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

- ICE in the winter!
- Age related
- Drugs

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

- Bad water
- Assisted living

Question 5: How do you learn about the healthcare services available in our community?

- Worked at DMHC for 20 years
- Only one
- Lived here 77 years
- By past use of them (eye, dental, chiro, hospital)
- Personal use

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

- Hospital
- Vision doctor
- Eye clinic
- OB/GYN-out of area
- Eye doctor
- Cancer resources
- EMS
- Therapy- therapist and hydro pool
- Hospital/outpatient

Question 7: In your opinion, what would improve our community's access to healthcare?

- A doctor (3)
- Senior fitness class- cardiac rehabilitation class
- A doctor that lives here
- More accessible mental health care
- Doctor on site!
- VA clinic status
- Communication
- Family Dr. MD

Question 8: If any of the following classes/programs were made available to the community, which would you be most interested in attending?

- Aging
- None
- More permanent staff rather than traveling staff
- N/A

Question 9: Have you utilized any of the following preventative services in accordance with the current guidelines?

- Allergy shots
- Use VA clinic
- Blood panel 2/year DOT physical covers most things
- Yearly skin check with a dermatologist
- Chiropractor

Question 10: What additional healthcare services would you use if available locally?

- None
- OB/GYN

Question 13: If yes, what are the three most important reasons why you did not receive healthcare services?

- Doctor sick so appointment cancelled
- Dermatology
- Elder care
- No Doctor! Physician
- No therapist in Scobey
- Didn't care to go
- No counselors

Question 15: Where was that primary healthcare provider located?

- Richland, WA
- Plentywood and Scobey
- Billings and Scobey (2)

Question 16: Why did you select the primary care provider you are currently seeing?

- Actually has a doctor
- Plentywood HAD a local Doctor, now retiring. Need a new full time Doctor in Scobey
- Only one available
- Just like her
- Past experience with provider- good
- I have been going to the same clinic/Doctor for many years (2)
- Used the one available

Question 18: If yes, where is the hospital that your household used MOST for hospital care located?

- Billings and Glasgow
- Billings and Scobey
- Bozeman
- Denver
- Havre
- Bismarck, ND

Question 19: Thinking about the hospital you were at most frequently, what were the three most important reasons for selecting that hospital?

- Only place we could get in on short notice
- It's where the doctor/specialist did his surgeries/worked
- Only one in Scobey
- They have excellent care and good physicians
- Main place of residence
- Long history with primary

Question 21: Where was the healthcare specialist seen?

- Arizona
- Bozeman
- Mayo Clinic (2)
- Kalispell (2)
- Denver
- Bismarck, ND



Question 22: What type of healthcare specialist was seen?

- MRI
- Pain management
- Colonoscopy
- Plastic surgery, eye lids reduced
- Thyroid
- Congestive heart Dr.
- Kidney
- MFN

Question 29: Which of the following injury prevention measures do you use regularly?

- Caution
- Avoid/be careful when walking on ice- it's everywhere
- Cane
- Have not needed most
- Walker

Question 31: What type of medical insurance covers the majority of your household's medical expenses?

- Supplement
- Medicare and private insurance (2)
- BC&BS of Montana

Question 33: If you do not have medical insurance, why?

- Outrageous premiums and large deductibles we never meet

Question 35: Where do you currently live, by zip code?

- 59219
- 59230 Glasgow

Question 38: What is your employment status?

- Seasonal
- Homemaker (2)
- Self (2)
- Self-employed farm/ranch (2)

## **Appendix G –Key Informant Interview Questions**

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

## **Appendix H – Key Informant Interview Notes**

### **Key Informant Interview #1**

Thursday, January 17, 2019- Mary Nyhus, Daniels County Health Officer– Via phone interview

1. What would make your community a healthier place to live?
  - I guess if people felt that they could get the services they need in the community. More consistent healthcare workforce and services.
  - In the past people were having to look elsewhere for nursing and extended care, but now it seems like it is getting much better.
  - If people knew that the services were here and stable and that they could depend on them.
  - We have a social and healthy environment. There is a nice grocery store and a lot of activities so overall, I think it's a healthy place to live.
  - We are never going to have everything, and people understand that because we are rural.
2. What do you think are the most important local healthcare issues?
  - Right now, at the top of the list, we seem to have more people identifying that they have mental health issues. There are limited services for that (mental health) in the county.
  - Next, is having enough services locally so that people don't have to keep going somewhere else. Having enough services so that people don't always have to travel- mammograms, CT scanning, consulting, things like this, so that you don't always have to go to the next town. We have some of these things, but we need to make sure they stay here in the community.
  - It would be nice if we had stable medical providers, hopefully we do now. They have four now so hopefully this will no longer be an issue. It's frustrating when people ask who your primary provider is, and you don't know because they change so often.

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

- We need to maintain the health services that we have. 20 years ago, I never dreamed of an MRI being here, but now one rolls up to the community every couple of months. We can't lose what we've already got.
- We used to have mental health services, but we lost them. Lack of mental health providers is a statewide problem. It's a long-term problem that we aren't going to fix. QPR (suicide awareness) training is offered in the community, it increases awareness and let people know when to get treatment. There is a QPR training next week. Suicide is always a problem in a rural community. We are acutely aware of it here.

**Key Informant Interview #2**

Friday, January 18, 2019 – Via phone interview

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

- Having a resource or facility with everything under that roof- that could be a congruent means of disseminating information- and a facility that puts that information into action. Having everyone on the same page about what is realistic and what we can do to improve the health of the community.
- Incentivizing wellness in the workplace. There are businesses in the community who are helping their employees who want to be more active. Incentivizing through gym memberships and things like this.
- Being more proactive rather than reactive with health in our community.
- The patient is in the driver seat and we need to give the permission back to them. I would love to see other health facilities adopting this same mentality.

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

- Availability of services, quality of services, and quality information.
- Being in rural we take what we can get. We are fortunate to have a hospital in our community. For us to have a hospital is quite a resource. Here it is not the most sought-after location for medical jobs. I think there has been trouble getting doctors who want to stay here. Another issue is quality of information, are the people here giving accurate information and using quality information in their practice as well.
- There has been such a turnover of providers, so there is not much congruency from provider to provider.
- People stay in the community for primary care and travel for specialty services, but there are some who will travel for primary care.

3. What other healthcare services are needed in the community?
  - A good M.D. that wants to be here and puts some roots down. Longevity would be nice.
  - Functional medicine, getting away from symptomatic reactive medical care. Using measurable health metrics and improving these before there is a condition. Predict and prevent these diagnoses from ever coming to fruition.

### **Key Informant Interview #3**

January 31, 2019—Via phone interview

1. What would make your community a healthier place to live?
  - I would like to see home health up here.
  - The other thing would be mental health, that's huge up here.
  - We have very little services for either one.
2. What do you think are the most important local healthcare issues?
  - Mental health is such an issue here, and not having the services available. I worry about the older community who are out on the farm by themselves- they are out there alone with no resources. Social isolation is a problem.
  - There are some services like foot clinics and meals on wheels, but other than that there isn't a lot. The senior center could be utilized better.
  - Lack of access to healthcare services. We have some telemed psychiatric services, but they are pretty limited. Some people don't want to talk to a monitor and others don't want to admit that they have an issue and need to get help.
3. What other healthcare services are needed in the community?
  - Hospice- we used to have it, but we don't any more.
  - Home health/age in place services - we could definitely use it up here if there was a way to provide it. Being able to keep them in their homes longer would be great. Even little stuff like cleaning and helping with medication and such.
  - Mental health services and resources.
  - We're not doing too bad here considering our location though.

#### **Key Informant Interview #4**

February 11, 2019 –Via phone interview

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

- As far as mental health – educating the community and having more resources available. Better access to mental health. We don't have a counselor in Scobey right now. We just have tele-med, which is hard to get in to. Even psychiatrists at Billings Clinic are not accepting new patients. The closest counselors are 45 to 90 miles away.
- Some people with diabetes can't afford the medication, so maybe some help with affordable prescriptions. There are not any local diabetic educators, and there is a dietician who comes once a month.
- There is not access to chronic pain clinics. It's really difficult to treat chronic pain and it leads to so many co-morbidities, because they are unable to be active. It seems like we get a lot here and no one in the state is taking on more patients for chronic pain issues.

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

- Mental health.
- Obesity and diabetes. There is very limited access to produce. There used to be a truck that came to town, but they stopped coming because they weren't getting enough orders. People really aren't eating enough fruits and vegetables. Once in a while the Hutterites come to town with produce in the summer. The store has limited availability of produce. It makes it hard for people when you are telling them to eat healthier. We have a pretty healthy town and there is a gym opening now – but of course this will only work for people who can afford it.
- Chronic pain is also an issue.

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

- Improved access to mental health.
- We have a good dentist and an eye doctor once a week.
- Occupational therapy would be nice.
- Maybe some better access to visiting specialist.
- There is some telemedicine, but they are limited because of the equipment. But the hospital is working on that.
- We need a diabetic educator and/or dietician.