

Daniels County, Montana

Community Health Services Development Survey Report

Survey conducted by
Daniels Memorial Healthcare Center
Scobey, Montana

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

Winter 2012



NATIONAL
RURAL HEALTH
RESOURCE CENTER

**Daniels Memorial Healthcare Center
Community Needs Assessment and Focus Groups
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**Daniels Memorial Healthcare Center Community Survey
Summary Report
January 2013**

I. Introduction

Daniels Memorial Healthcare Center is a 24-bed Critical Access Hospital, rural health clinic, and 30-bed nursing home based in Scobey, Montana and is a public non-profit organization that provides 24-hour emergency care. Daniels Memorial Healthcare Center provides medical services to the Daniels County population of approximately 1,763 people (U.S. Census Bureau). Daniels Memorial Healthcare Center participated in the Community Health Services Development Project administrated by the Montana Office of Rural Health and the Rural Health Resource Center (RHRC) in Duluth, Minnesota. A part of this project is community engagement which includes a health care service survey and focus groups.

In the fall of 2012, Daniels Memorial Healthcare Center's service area was surveyed about its health care system. This report shows the results of the survey in both narrative and chart formats. At the end of this report, we have included a copy of the survey instrument (Appendix D). Readers are invited to familiarize themselves with the survey instrument and then look at the findings. Our narrative report touches on the highlights while the charts present data for virtually every question asked.

II. Health Assessment Process

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 June 2012. For a list of all Steering Committee members and their affiliations, please 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.

III. Survey Methodology

Survey Instrument

In September 2012, surveys were mailed out to the residents in Daniels Memorial Healthcare Center's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

Daniels Memorial Healthcare Center provided the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 650 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: Although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results).

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

Information Gaps

Data

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

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

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

Limitations in Survey Methodology

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

Survey Implementation

In September, the community health services survey, a cover letter from the National Rural Health Resource Center with Daniels Memorial Healthcare Center's Chief Executive Officer's signature on Daniels Memorial Healthcare Center's letter head, and a postage paid reply envelope were mailed to 650 randomly selected residents in the Daniels Memorial Healthcare Center's targeted region. A news release was sent to local newspapers 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.

As shown in the table below, 164 surveys were returned out of 650. Of that 650, 33 surveys were returned undeliverable for a 27% response rate. From this point on, the total number of surveys will be out of 617. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.83%.

IV. Survey Respondent Demographics

A total of 617 surveys were distributed amongst Daniels Memorial Healthcare Center's service area. One hundred sixty-four were completed for a 27% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 32)

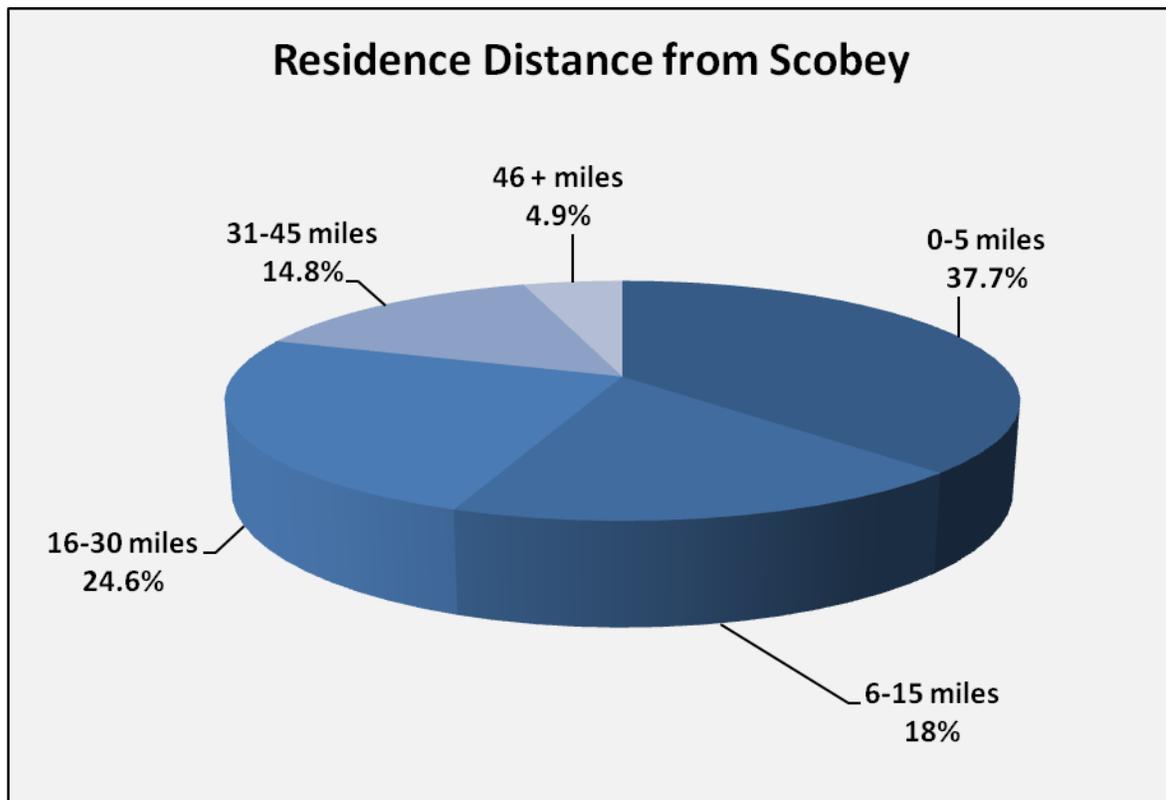
While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward the Scobey population which is reasonable given that this is where most of the services are located.

Location	Zip Code	Count	Percent
Scobey	59263	129	78.7%
Peerless	59253	12	7.3%
Flaxville	59222	11	6.7%
Plentywood	59254	4	2.4%
Outlook	59252	2	1.2%
Poplar	59255	1	0.6%
Opheim	59250	1	0.6%
Redstone	59257	1	0.6%
Whitetail	59276	0	0
Wolf Point	59201	0	0
No response		3	1.8%
TOTAL	164		100%

Distance from Scobey (Question 33)

N= 61

Thirty-eight percent (n=23) of the respondents live within 0-5 miles from Scobey, 24.6% (n=15) live 16-30 miles and 18% (n=11) live 6-15 miles from Scobey. One hundred and three respondents chose not to answer this question.



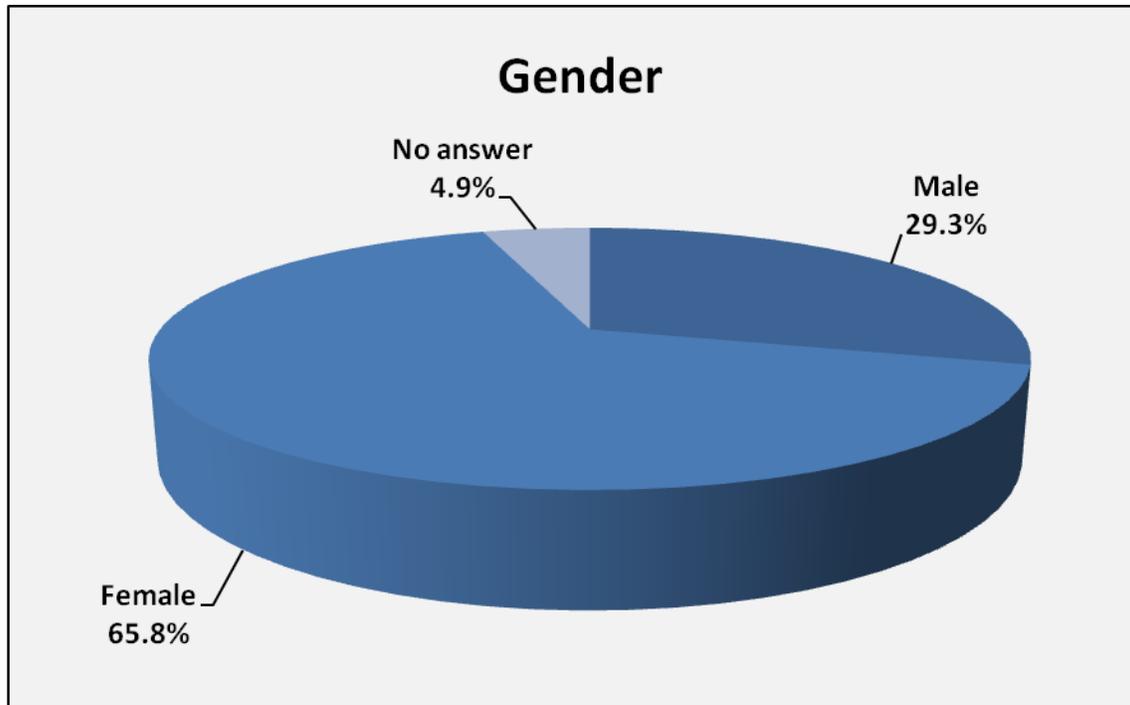
“Other” comments:

- [31-45 miles] from Scobey

Gender (Question 34)

N= 164

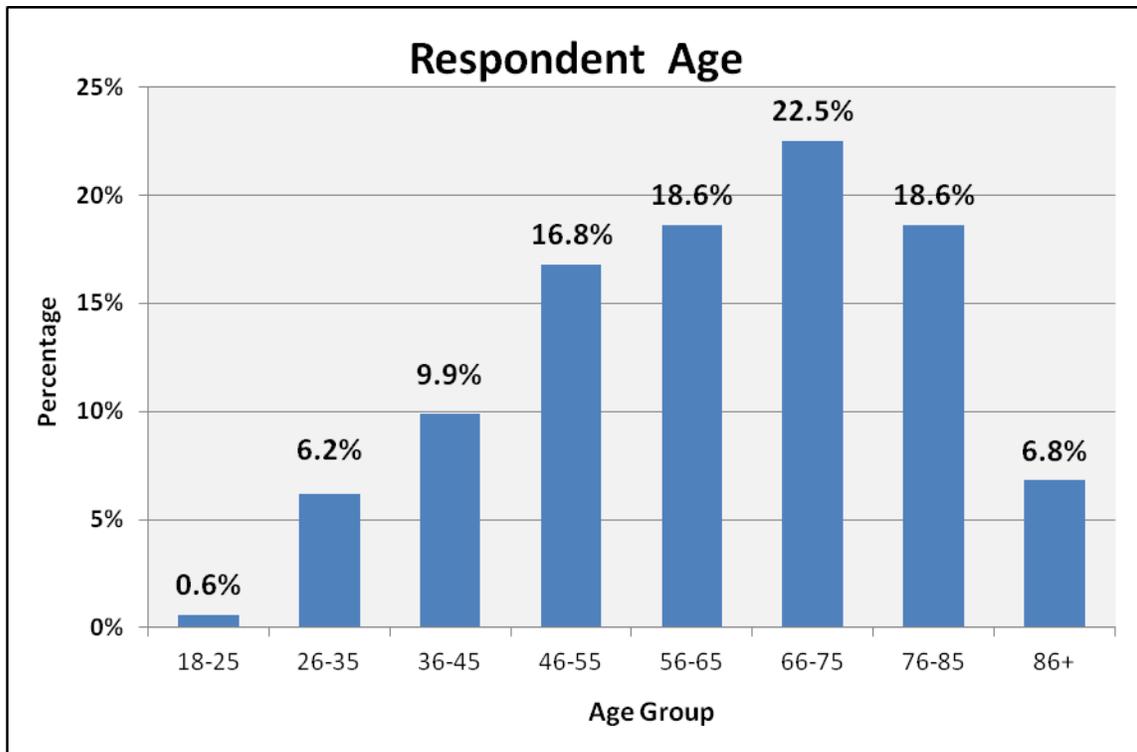
Of the 164 surveys returned, 65.8% (n=108) of survey respondents were female; 29.3% (n=48) were male, and 4.9% (n=8) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families.



Age of Respondents (Question 35)

N= 161

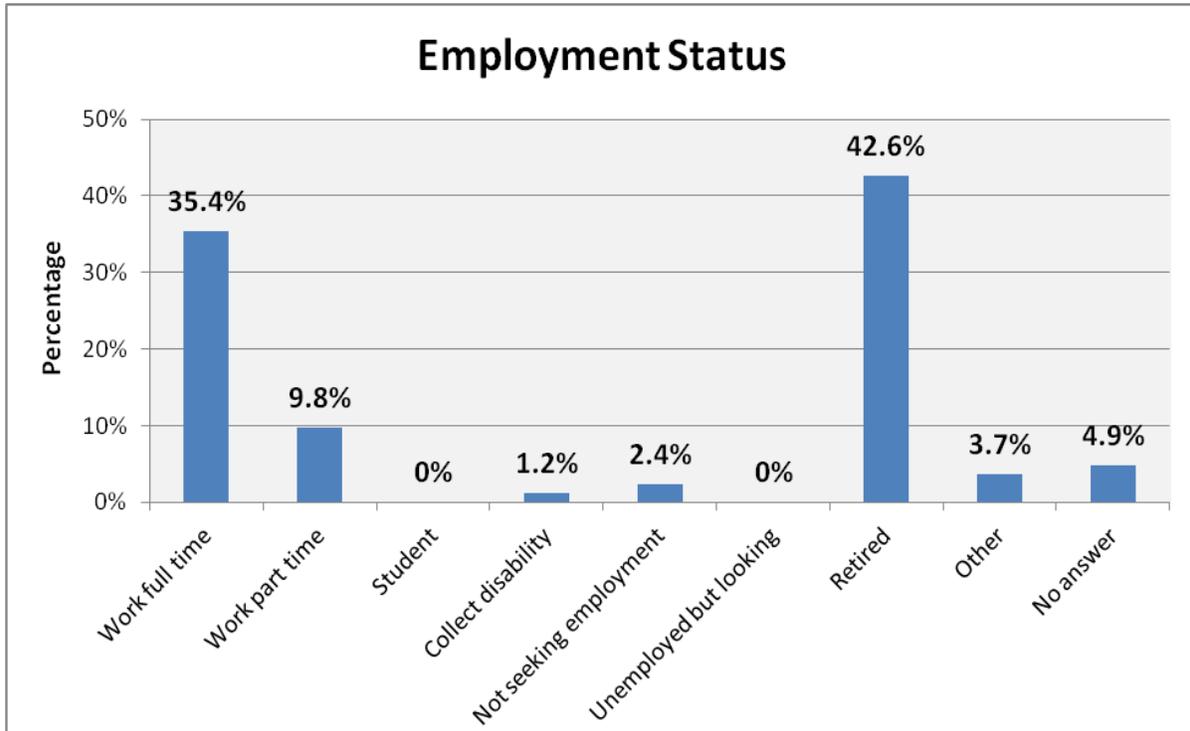
Twenty-three percent of respondents were between the ages of 66-75 (n=36). Nineteen percent of respondents (n=30 each) were between the ages of 56-65 and 76-85 years. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of elderly residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for health care services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore no respondents are under age 18. Older residents are also more invested in health care decision making, and therefore are more likely to respond to health care surveys, as reflected by this graph. Three respondents chose not to answer this question.



Employment of Respondents (Question 36)

N= 164

Forty-three percent (n=70) of respondents reported being retired, while 35.4% (n=58) reported working full time. Ten percent of respondents (n=16) indicated they work part time. Respondents could check all that apply, so the percentages do not equal 100%.



“Other” comments:

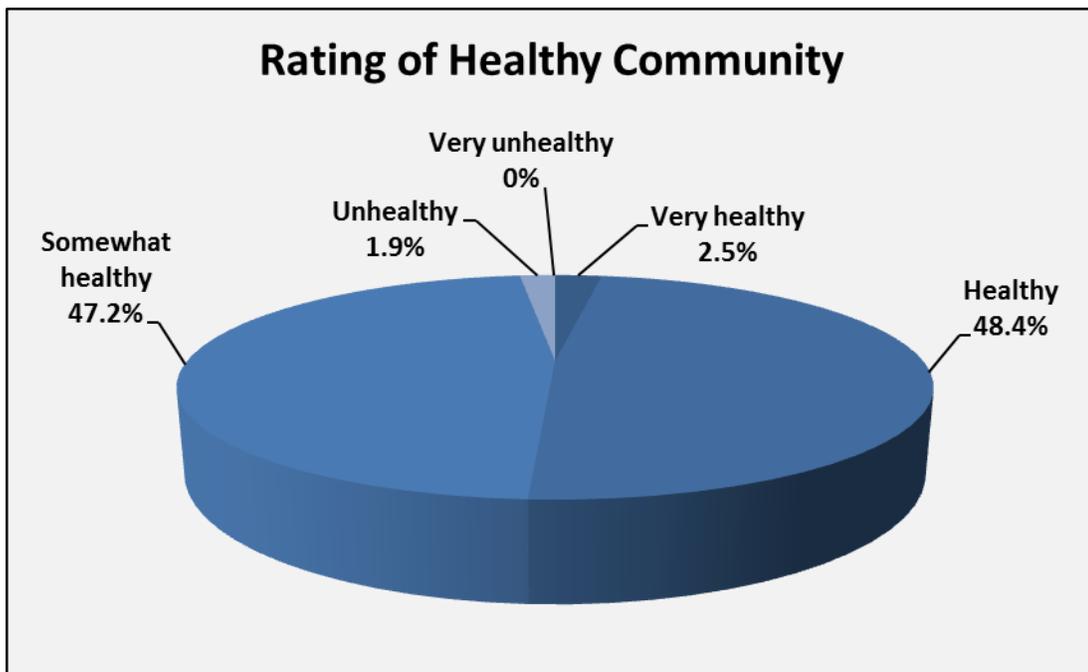
- Housewife
- Self-employed
- Self-employed. Work every day from home
- Homemaker
- Self

V. Survey Findings- Community Health

Impression of Community (Question 1)

N= 159

Respondents were asked to indicate how they would rate the general health of their community. Forty-eight percent of respondents (n=77) rated their community as “Healthy.” Forty-seven percent of respondents (n=75) felt their community was “Somewhat healthy” and 2.5% (n=4) felt their community was “Very healthy.” Five respondents chose not to respond to this question.



Health Concerns for Community (Question 2)

N=164

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Cancer” at 70.7% (n=116). “Heart disease” was also a high priority at 53% (n=87) and “Alcohol abuse/substance abuse” at 43.3% (n=71). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	Count	Percent
Cancer	116	70.7%
Heart disease	87	53.0%
Alcohol abuse/substance abuse	71	43.3%
Overweight/obesity	51	31.1%
Diabetes	33	20.1%
Tobacco use	19	11.6%
Depression/anxiety	18	11.0%
Lack of exercise	15	9.1%
Lack of access to health care	9	5.5%
Stroke	9	5.5%
Mental health issues	8	4.9%
Motor vehicle accidents	7	4.3%
Work/economic stress	6	3.7%
Recreation related accidents/injuries	4	2.4%
Work related accidents/injuries	4	2.4%
Domestic violence	3	1.8%
Child abuse/neglect	1	0.6%
Lack of dental care	1	0.6%
Other	7	4.3%

“Other” comments:

- Old age
- [Alcohol abuse/substance abuse] Especially drugs
- Lack of services
- Illegal drugs
- Lack of counseling and home health care
- Aging community

Components of a Healthy Community (Question 3)

N=164

Respondents were asked to identify the three most important things for a healthy community. Seventy-four percent of respondents (n=121) indicated that “Access to health care and other services” is important for a healthy community. “Healthy behaviors and lifestyles” was the second most indicated component at 37.8% (n=62) and third was “Strong family life” at 33.5% (n=55). Respondents were asked to identify their top three choices thus the percentages will not add up to 100%.

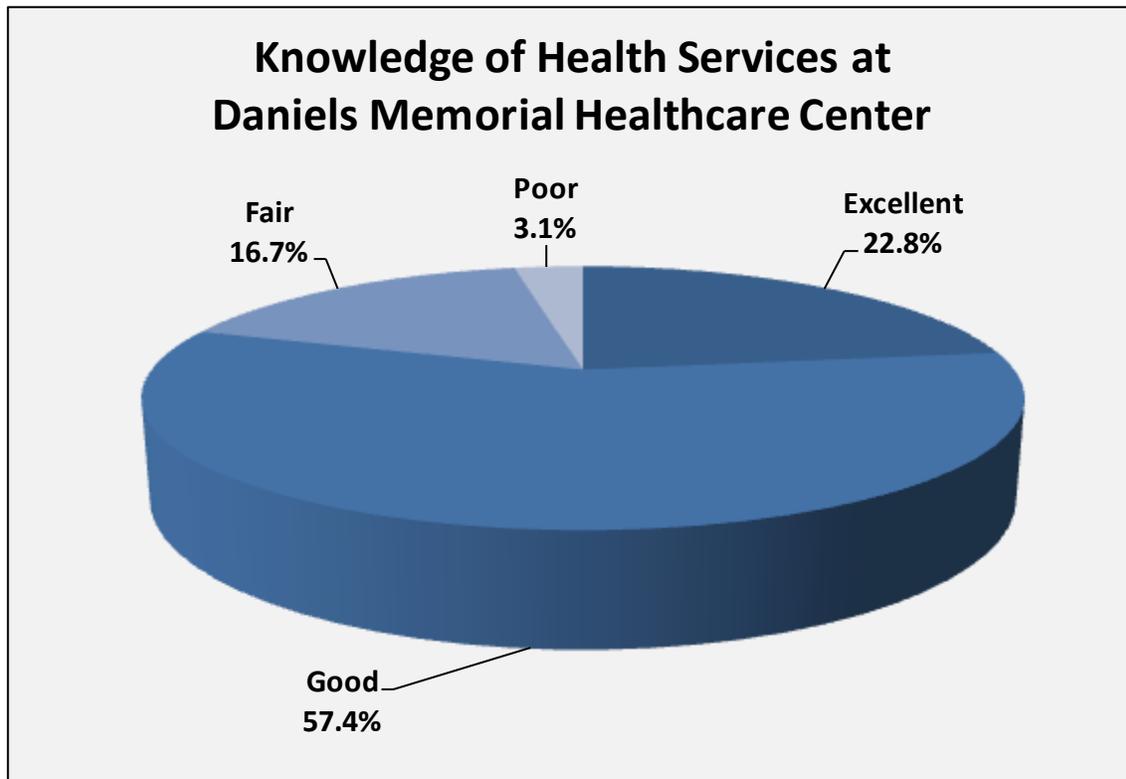
Important Component	Count	Percent
Access to health care and other services	121	73.8%
Healthy behaviors and lifestyles	62	37.8%
Strong family life	55	33.5%
Good jobs and healthy economy	49	29.9%
Low crime/safe neighborhoods	48	29.3%
Religious or spiritual values	43	26.2%
Good schools	34	20.7%
Clean environment	21	12.8%
Transportation services	12	7.3%
Affordable housing	11	6.7%
Community involvement	11	6.7%
Childcare services	9	5.5%
Tolerance for diversity	6	3.7%
Low death and disease rates	3	1.8%
Low level of domestic violence	2	1.2%
Parks and recreation	2	1.2%
Arts and cultural events	1	0.6%
Other	0	0

VI. Survey Findings- Awareness of Services

Overall Awareness of Daniels Memorial Healthcare Center's Services (Question 4)

N= 162

Respondents were asked to rate their knowledge of the healthcare services available at Daniels Memorial Healthcare Center. Fifty-seven percent (n=93) of respondents rated their knowledge of services as "Good." Twenty-three percent (n=37) rated their knowledge as "Excellent" and 16.7% of respondents (n=27) rated their knowledge as "Fair." Two respondents chose not to answer this question.



How Respondents Learn of Health Care Services (Question 5)

N=164

“Word of mouth/reputation” was the most frequent method of learning about available services at 67.7% (n=111). Generally, “Word of mouth/reputation” is the most frequent response among rural hospital surveys. “Friends/family” was the second most frequent response at 63.4% (n=104) and “Newspaper” was reported at 55.5% (n=91). Respondents could select more than one method so percentages do not equal 100%.

Method	Count	Percent
Word of mouth/reputation	111	67.7%
Friends/family	104	63.4%
Newspaper	91	55.5%
Healthcare provider	85	51.8%
Mailings/newsletter	37	22.6%
Radio	33	2.1%
Public health	13	7.9%
Website/internet	6	3.7%
Presentations	2	1.2%
Other	2	1.2%

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to look at 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 health care services was a multiple response item thus totals cannot add up to 100%.

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

	Excellent	Good	Fair	Poor	Total
Healthcare Provider	24 (28.6%)	47 (56%)	12 (14.3%)	1 (1.2%)	84
Mailings/newsletter	10 (27%)	24 (64.9%)	3 (8.1%)		37
Website/internet	2 (33.3%)	3 (50%)	1 (16.7%)		6
Friends/family	25 (24.5%)	57 (55.9%)	16 (15.7%)	4 (3.9%)	102
Word of mouth/reputation	29 (26.6%)	63 (57.8%)	14 (12.8%)	3 (2.8%)	109
Radio	8 (24.2%)	21 (63.6%)	4 (12.1%)		33
Public health	3 (15.8%)	10 (52.6%)	5 (26.3%)	1 (5.3%)	19
Newspaper	26 (28.6%)	49 (53.8%)	14 (15.4%)	2 (2.2%)	91
Presentations	2 (100%)				2
Other	1 (50%)			1 (50%)	2

Other Community Health Resources Utilized (Question 6)

N=164

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequent community health resource cited by respondents at 88.4% (n=145). “Dentist” was selected by 70.1% (n=115) and “Eye doctor” by 56.1% (n=92). Respondents could select more than one method so percentages do not equal 100%.

Health Resources	Count	Percent
Pharmacy	145	88.4%
Dentist	115	70.1%
Eye doctor	92	56.1%
Senior center	19	11.6%
Public health	12	7.3%
WIC	4	2.4%
Food Stamps	3	1.8%
Mental health	1	0.6%
Food pantry	0	0
Other	2	1.2%

“Other” comments:

- Chiropractor

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

N=164

Respondents were asked to indicate what they felt would improve their community's access to health care. Thirty-five percent of respondents (n=57) reported that "More specialists" would make the greatest improvement. Thirty-four percent of respondents (n=56) indicated they would like "More primary care providers" and 22.6% indicated "Outpatient services expanded hours" (n=37). Respondents could select more than one method so percentages do not equal 100%.

Service	Count	Percent
More specialists	57	34.8%
More primary care providers	56	34.1%
Outpatient services expanded hours	37	22.6%
Telemedicine	35	21.3%
Improved quality of care	34	20.7%
Greater health education services	29	17.7%
Transportation assistance	13	7.9%
Interpreter services	4	2.4%
Cultural sensitivity	2	1.2%
Other	5	3.0%

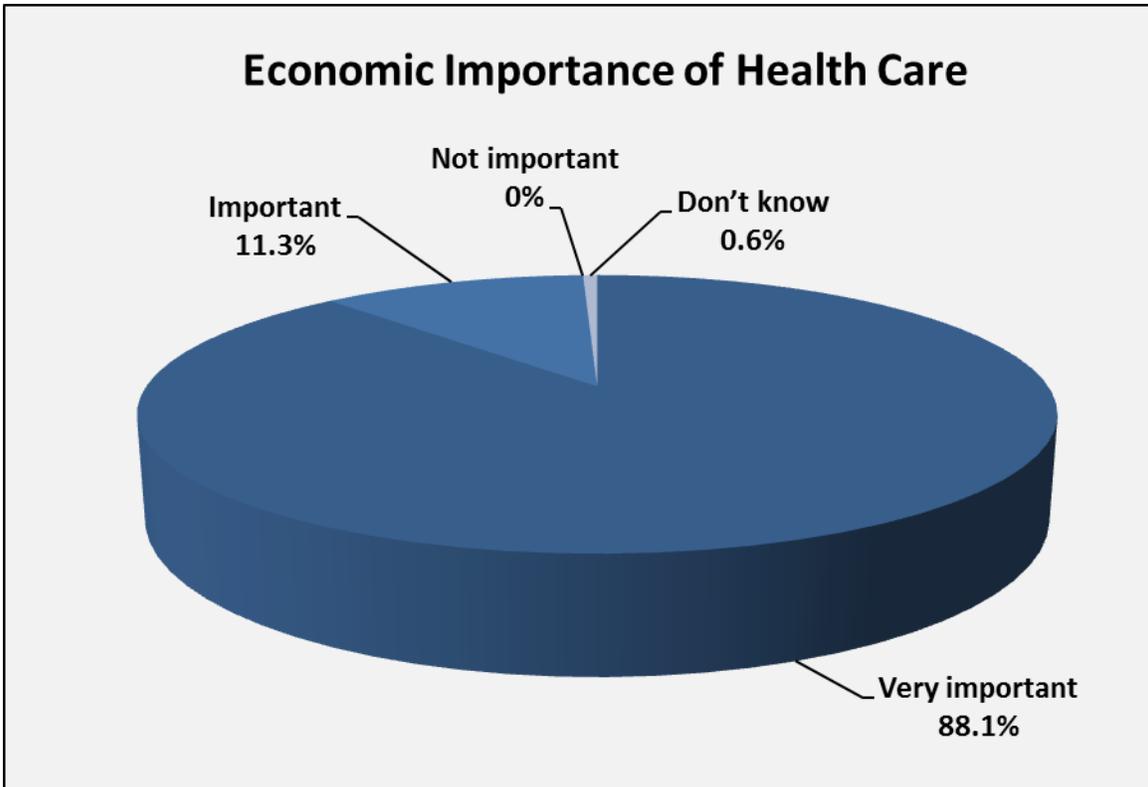
"Other" comments:

- I think we are lucky to have what we have; small town size
- Have Telemedicine, just don't encourage the use
- Data based and shared with outside or connected facilities
- Improved primary providers
- Nurses
- Providers that actually will touch you during an exam!!

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

N= 160

The majority of respondents, 88.1% (n=141) indicated that local health care providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very Important” to the economic well-being of the area. Eleven percent of respondents (n=18) indicated they are “Important” and only one person (0.6%) indicated they “Don’t know”. No one indicated it is “Not important.” Four respondents did not answer this question.

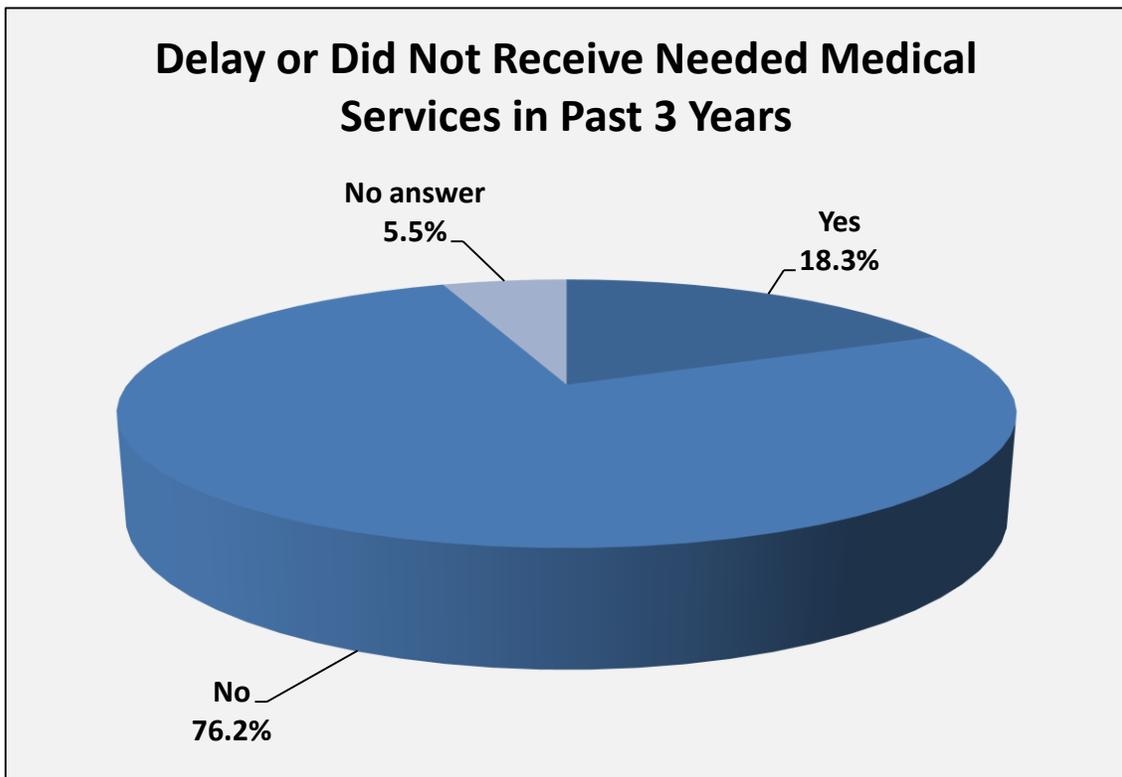


VII. Survey Findings- Use of Health Care Services

Needed/Delayed Hospital Care During the Past Three Years (Question 9)

N= 164

Of the 164 surveys returned, 18.3% of respondents (n=30) reported that they or a member of their household thought they needed health care services, but did not get it or delayed getting it. Seventy-six percent of respondents (n=125) felt they were able to get the health care services they needed without delay and nine respondents (5.5%) chose not to answer this question.



Reasons for NOT Being Able to Receive Services or Delay in Receiving Health Care Services (Question 10)

N= 30

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “It cost too much” and “Too long to wait for an appointment” at 36.7% (n=11) each. The next highest responses were: “Not treated with respect,” “Too nervous or afraid,” and “Don’t like doctors” each being selected by 23.3% of respondents (n=7) each. Respondents were asked to indicate their top three choices thus percentages do not total 100%.

Reason	Count	Percent
It cost too much	11	36.7%
Too long to wait for an appointment	11	36.7%
Not treated with respect	7	23.3%
Too nervous or afraid	7	23.3%
Don’t like doctors	7	23.3%
My insurance didn’t cover it	6	20.0%
Unsure if services were available	5	16.7%
No insurance	4	13.3%
Could not get off work	3	10.0%
Could not get an appointment	2	6.7%
Office wasn’t open when I could go	2	6.7%
It was too far to go	2	6.7%
Transportation problems	2	6.7%
Didn’t know where to go	1	3.3%
Had no one to care for the children	0	0
Language barrier	0	0
Other	3	10.0%

“Other” comments:

- Don’t like Administration
- Doctor would not work with Medicare
- Primary provider is arrogant

Preventative Testing (Question 11)

N= 164

Respondents were asked if they had utilized any of the preventative testing services listed in the past year. “Routine blood pressure check (yearly)” was selected by 64% of respondents (n=105). Fifty-nine percent of respondents (n=96) indicated they received a “Flu shot (yearly)” and 57.9% of respondents (n=95) had their “Cholesterol check (yearly).” Respondents could check all that apply thus the percentages will not equal 100%.

Preventative Service	Count	Percent
Routine blood pressure check (yearly)	105	64.0%
Flu shot (yearly)	96	58.5%
Cholesterol check (yearly)	95	57.9%
Routine health checkup (yearly)	85	51.8%
Mammography	64	39.0%
Colonoscopy (every 5-10 years)	49	29.9%
Pap smear (every 3-5 years)	53	32.3%
Children’s checkup/Well baby	17	10.4%
Other	6	3.7%

“Other” comments:

- Blood panel (2)
- Blood panel every six months
- Lab – general test thyroid
- Doctor didn’t do job
- Did not use DMHC (Daniels Memorial Healthcare Center)
- Not here

Reasons for NOT Utilizing Preventative Health Services (Question 12)

N= 164

Respondents were asked to indicate the reasons why they may not have utilized preventative health services. “Other” was the top response at 9.1% (n=15). “It cost too much” and “Don’t like doctors” were also high responses at 6.7% (n=11) each. Respondents were asked to indicate their top three choices thus percentages do not total 100%.

Reason	Count	Percent
It cost too much	11	6.7%
Don’t like doctors	11	6.7%
Not treated with respect	9	5.5%
Too nervous or afraid	9	5.5%
Unsure if services were available	5	3.0%
No insurance	5	3.0%
Could not get off work	4	2.4%
It was too far to go	4	2.4%
My insurance didn’t cover it	3	1.8%
Transportation problems	2	1.2%
Too long to wait for an appointment	1	0.6%
Didn’t know where to go	1	0.6%
Couldn’t get an appointment	0	0
Had no one to care for the children	0	0
Language barrier	0	0
Other	15	9.1%

“Other” comments:

- Have never done yearly check up
- Doctor located elsewhere (2)
- No need
- Didn’t need (3)
- Don’t like providers – prefer going out of town
- Unneeded
- Doctor out of town where I spend majority of the time to allow doctor visits and treatments
- No comment
- Had DOT (Department of Transportation) doctor
- Primary provider arrogant. Does not listen to patients.

Desired Local Health Care Services (Question 13)

N= 164

Respondents were asked to indicate which health care professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having a “Fitness center” at 21.3% (n=35) followed by “MRI” at 20.7% (n=34), and “Ultrasound (on-site)” and “Assisted living” at 18.9% (n=31 each). Respondents were asked to check all that apply, so percentages do not equal 100%.

Health Care Services	Count	Percent
Fitness center	35	21.3%
MRI	34	20.7%
Ultrasound (on-site)	31	18.9%
Assisted living	31	18.9%
Hospice/end of life services	21	12.8%
Mammography (on-site)	16	8.9%
Pain management program	16	8.9%
Cardiac rehabilitation	14	8.5%
Mental health services	12	7.3%
VA Telemedicine	11	6.7%
Family planning	7	4.3%
Tobacco treatment/cessation	6	3.7%
Other	2	1.2%

“Other” comments:

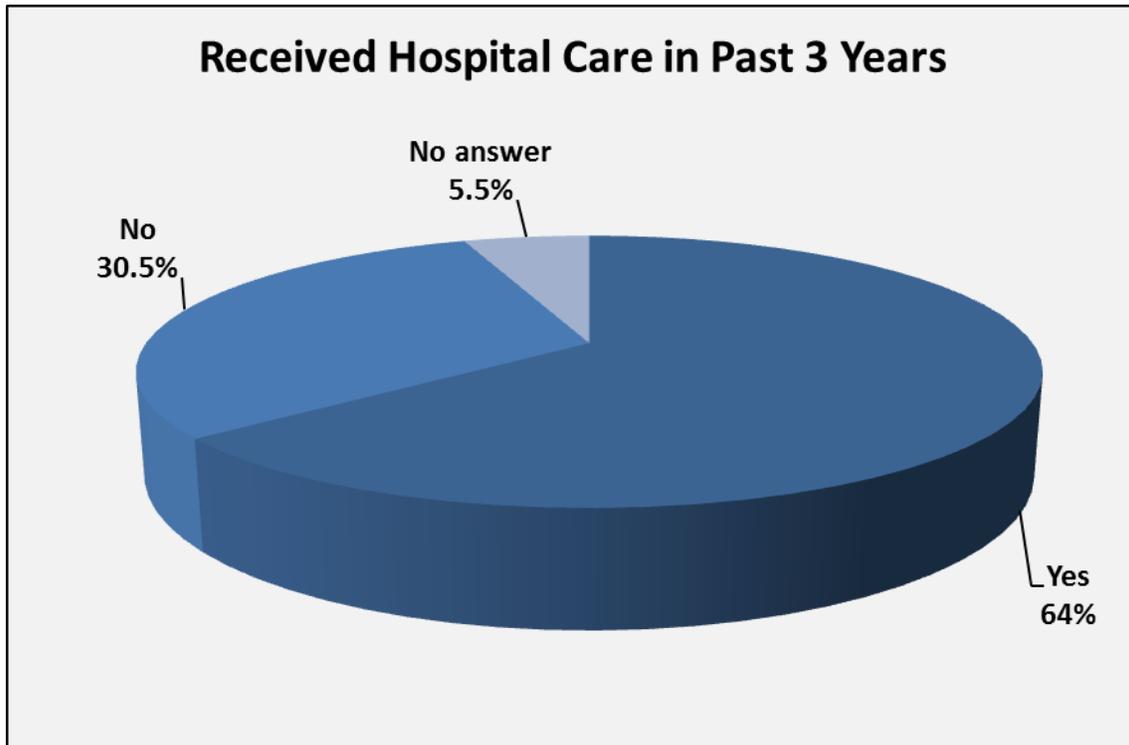
- 3-D Mammography
- Colonoscopy
- Any if needed

VIII. Survey Findings- Hospital Care

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

N= 164

Sixty-four percent of respondents (n=105) reported that they or a member of their family had received hospital care (i.e. hospitalized overnight, rehabilitation, radiology, or emergency care) during the previous three years. Thirty-one percent (n=50) had not received hospital services and 5.5% of respondents (n=9) did not answer this question.



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

N= 89

Of the 105 respondents who indicated receiving hospital care in the previous three years, 48.3% (n=43) reported receiving care in Scobey, MT. Twenty percent of respondents (n=18) went to Billings, MT for hospitalization and 9% of respondents (n=8) utilized services in Plentywood, MT. Sixteen of the 105 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	Count	Percent
Scobey, MT	43	48.3%
Billings, MT	18	20.2%
Plentywood, MT	8	9.0%
Williston, ND	5	5.6%
Glasgow, MT	4	4.5%
Sidney, MT	4	4.5%
Great Falls, MT	4	4.5%
Minot, ND	0	0
VA	0	0
Other	3	3.4%
TOTAL	89	100%

“Other” comments:

- Helena
- Community Medical Center – Missoula
- We used all three of these this year: Scobey, Glasgow, Minot
- Wickenburg, AZ

Reasons for Selecting the Hospital Used (Question 16)

N= 105

Of the 105 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 55.2% (n=58). “Prior experience with hospital” was selected by 52.4% of the respondents (n=55) and 45.7% (n=48) selected “Referred by physician.” Note that respondents were asked to select the top three answers which influenced their choices therefore the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	58	55.2%
Prior experience with hospital	55	52.4%
Referred by physician	48	45.7%
Emergency, no choice	36	34.3%
Service not available locally	32	30.5%
Hospital’s reputation for quality	31	29.5%
Closest to work	6	5.7%
Recommended by family or friends	5	4.8%
VA/Military requirement	4	3.8%
Required by insurance plan	2	1.9%
Cost of care	0	0
Other	3	2.9%

“Other” comments:

- Surgery
- Preferred providers
- Provider care!! Take time to listen to patients. Follow-up.

Cross Tabulation of Hospital and Residence

Analysis was done to look at 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. Please note: Minot, ND and VA locations were removed as no one utilized their services for hospitalization.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Scobey	Glasgow	Billings	Sidney	Williston ND	Great Falls	Plentywood	Other	Total
Scobey 59263	39 (55.7%)	2 (2.9%)	17 (24.3%)	3 (4.3%)	5 (7.1%)	1 (1.4%)	2 (2.9%)	1 (1.4%)	70
Whitetail 59276									0
Poplar 59255									0
Flaxville 59222	2 (28.6%)			1 (14.3%)			3 (42.9%)	1 (14.3%)	7
Plentywood 59254							3 (100%)		3
Opheim 59250									0
Peerless 59253	1 (14.3%)	2 (28.6%)	1 (14.3%)			2 (28.6%)		1 (14.3%)	7
Wolf Point 59201									0
Outlook 59252									0
Redstone 59257						1 (100%)			1
TOTAL	42 (47.7%)	4 (4.5%)	18 (20.5%)	4 (4.5%)	5 (5.7%)	4 (4.5%)	8 (9.1%)	3 (3.4%)	88

Cross Tabulation of Hospital and Reason Selected

Analysis was done to look at 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 cannot add up to 100%. Hospital location is across the top of the table and reason for selection is along the side. Please note: Minot, ND and VA locations were removed as no one utilized their services for hospitalization.

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

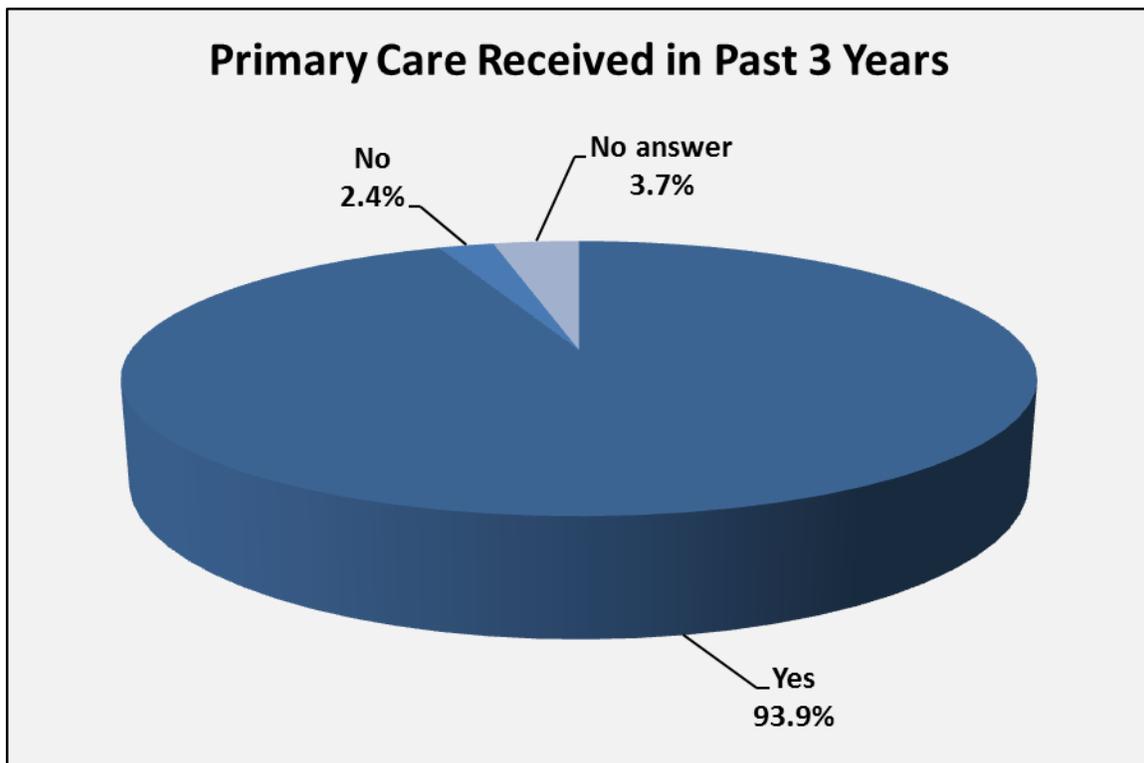
	Scobey	Glasgow	Billings	Sidney	Williston ND	Great Falls	Plentywood	Other	Total
Cost of care									0
Closest to home	41 (78.8%)	2 (3.8%)	1 (1.9%)	1 (1.9%)	2 (3.8%)	1 (1.9%)	3 (5.8%)	1 (1.9%)	52
Closest to work	6 (100%)								6
Emergency, no choice	21 (61.8%)		5 (14.7%)	1 (2.9%)		3 (8.8%)	4 (11.8%)		34
Hospital's reputation for quality	12 (48%)	2 (8%)	6 (24%)	3 (12%)	1 (4%)	1 (4%)			25
Prior experience with hospital	25 (53.2%)	2 (4.3%)	10 (21.3%)	1 (2.1%)	2 (4.3%)	1 (2.1%)	5 (10.6%)	1 (2.1%)	47
Recommended by family or friends	1 (25%)			1 (25%)	2 (50%)				4
Referred by physician	12 (29.3%)	1 (2.4%)	15 (36.6%)	3 (7.3%)	3 (7.3%)	2 (4.9%)	5 (12.2%)		41
Required by insurance plan		1 (50%)	1 (50%)						2
Service not available locally	1 (4.2%)	2 (8.3%)	9 (37.5%)	3 (12.5%)	4 (16.7%)	3 (12.5%)	1 (4.2%)	1 (4.2%)	24
VA/Military requirement	1 (33.3%)		1 (33.3%)					1 (33.3%)	3
Other		1 (33.3%)					2 (66.7%)		3

IX. Survey Findings- Primary Care

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

N= 164

Ninety-four percent of respondents (n=154) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant or nurse practitioner) for health care services in the past three years. Two percent (n=4) had not seen a primary care provider and 6 respondents (3.7%) chose not to answer this question.



Location of Primary Care Provider (Question 18)

N= 139

Of the 154 respondents who indicated receiving primary care services in the previous three years, 74.1% (n=103) reported receiving care at Daniels Memorial Healthcare Center in Scobey. Twelve percent of respondents (n=17) went to Sheridan Memorial in Plentywood and 5% of respondents (n=7) utilized primary care services at Frances Mahon Deaconess in Glasgow. Fifteen of the 154 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	Count	Percent
Daniels Memorial Healthcare Center, Scobey	103	74.1%
Sheridan Memorial, Plentywood	17	12.2%
Frances Mahon Deaconess, Glasgow	7	5.0%
VA	1	0.7%
Northeast MT Health Services (Wolf Point, Poplar)	0	0
Other	11	7.9%
TOTAL	139	100%

“Other” comments:

- Billings Clinic – Billings (3)
- VA (Veteran’s Affairs) – Glasgow
- Williston, ND
- Sidney (3)
- Plentywood Clinic – Plentywood (2)
- IHS (Indian Health Services) – Poplar
- Sheridan Memorial – Plentywood (this one too)
- Yellowstone Clinic – Billings
- Everett, WA
- Miles City

Reasons for Selection of Primary Care Provider (Question 19)

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” (68.2%, n=105) was the most frequently cited factor in primary care provider selection. “Prior experience with clinic” was also a high response at 56.5% (n=87) as was “Appointment availability” (28.6%, n=44) and “Clinic’s reputation for quality” (26.6%, n=41). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	105	68.2%
Prior experience with clinic	87	56.5%
Appointment availability	44	28.6%
Clinic’s reputation for quality	41	26.6%
Recommended by family or friends	16	10.4%
Privacy/confidentiality	16	10.4%
Length of waiting room time	11	7.1%
Referred by physician or other provider	10	6.5%
VA/Military requirement	3	1.9%
Cost of care	2	1.3%
Required by insurance plan	1	0.6%
Indian Health Services	1	0.6%
Other	10	6.5%

“Other” comments:

- Telemedicine
- Doing business locally
- Flight physicals
- Able to handle everything from delivery on up
- OB/GYN, have kept going to her
- Continuity of care
- I like Doctor Sawdey and trust him
- Only one provider on duty at the time I needed to see someone
- Liked the provider (Sheridan Memorial)
- Providers are courteous, take time to talk with patients and listen to them. Don’t sit across the room and diagnose

Cross Tabulation of Primary Care and Residence

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

LOCATION OF CLINIC MOST UTILIZED BY RESIDENCE

	Daniels Memorial Healthcare Center Scobey	Northeast MT Health Services (Wolf Point, Poplar)	VA	Sheridan Memorial Plentywood	Frances Mahon Deaconess Glasgow	Other	Total
Scobey 59263	91 (84.3%)		1 (0.9%)	7 (6.5%)	2 (1.9%)	7 (6.5%)	108
Whitetail 59276							0
Poplar 59255						1 (100%)	1
Flaxville 59222	3 (33.3%)			3 (33.3%)		3 (33.3%)	9
Plentywood 59254				4 (100%)			4
Opheim 59250					1 (100%)		1
Peerless 59253	7 (58.3%)			1 (8.3%)	4 (33.3%)		12
Wolf Point 59201							0
Outlook 59252				1 (100%)			1
Redstone 59257				1 (100%)			1
TOTAL	101 (73.7%)	0	1 (0.7%)	17 (12.4%)	7 (5.1%)	11 (8%)	137

Cross Tabulation of Clinic and Reason Selected

Analysis was done to look at 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 cannot add up to 100%.

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Daniels Memorial Healthcare Center Scobey	Northeast MT Health Services (Wolf Point, Poplar)	VA	Sheridan Memorial Plentywood	Frances Mahon Deaconess Glasgow	Other	Total
Appointment availability	38 (92.7%)			2 (4.9%)	1 (2.4%)		41
Clinic's reputation for quality	26 (66.7%)		1 (2.6%)	7 (17.9%)	2 (5.1%)	3 (7.7%)	39
Closest to home	91 (91.9%)			4 (4%)	2 (2%)	2 (2%)	99
Cost of care	1 (50%)					1 (50%)	2
Length of waiting room time	7 (70%)			2 (20%)	1 (10%)		10
Prior experience with clinic	53 (67.9%)			11 (14.1%)	5 (6.4%)	9 (11.5%)	78
Recommended by family or friends	10 (62.5%)			2 (12.5%)	2 (12.5%)	2 (12.5%)	16
Referred by physician or other provider	5 (55.6%)				1 (11.1%)	3 (33.3%)	9
Required by insurance plan	1 (100%)						1
VA/Military requirement			1 (100%)				1
Indian Health Services						1 (100%)	1
Privacy/confidentiality	7 (46.7%)			4 (26.7%)		4 (26.7%)	15
Other	3 (33.3%)			3 (33.3%)	1 (11.1%)	2 (22.2%)	9

X. Survey Findings- Specialty Care

Use of Health Care Specialists during the Past Three Years (Question 20)

N= 164

Seventy-six percent of the respondents (n=124) indicated they or a household member had seen a health care specialist during the past three years. Fifteen percent (n=25) indicated they had not seen a specialist and Fifteen respondents (9.1%) chose not to answer this question.



Type of Health Care Specialist Seen (Question 21)

N= 124

The respondents (n=124) saw a wide array of health care specialists. The most frequently indicated specialist was a “Dentist” at 49.2% (n=61) of respondents having utilized their services. “Optometrist” was the second most seen specialist at 37.9% (n=47) and “Orthopedic surgeon” was third at 30.6% (n=38). Respondents were asked to choose all that apply so percentages will not equal 100%. Please note: geriatrician, psychologist, speech therapist, and substance abuse counselor were removed from the chart because they were not selected by respondents.

Health Care Practitioner	Count	Percent
Dentist	61	49.2%
Optometrist	47	37.9%
Orthopedic surgeon	38	30.6%
Cardiologist	31	25.0%
Physical therapist	27	21.8%
Dermatologist	22	17.7%
OB/GYN	20	16.1%
Radiologist	20	16.1%
Chiropractor	19	15.3%
General surgeon	18	14.5%
Ophthalmologist	18	14.5%
ENT (ear/nose/throat)	17	13.7%
Neurologist	13	10.5%
Gastroenterologist	12	9.7%
Oncologist	11	8.9%
Pulmonologist	10	8.1%
Urologist	10	8.1%
Endocrinologist	8	6.5%
Pediatrician	8	6.5%
Podiatrist	8	6.5%
Neurosurgeon	7	5.6%
Allergist	5	4.0%
Dietician	4	3.2%
Rheumatologist	4	3.2%
Social worker	4	3.2%
Occupational therapist	3	2.4%
Mental health counselor	2	1.6%
Psychiatrist (M.D.)	1	0.8%
Other	2	1.6%

“Other” Comments:

- Kidney specialist - Internist - Cancer specialist - Epidural injection
- [Cardiologist] via Telemed. [Oncologist] No chemo- post radiation only

Location of Health Care Specialist (Question 22)

N= 124

Of the 124 respondents who indicated they saw a health care specialist, 59.7% (n=74) saw one in Billings, MT. Scobey, MT and Williston, ND were also both highly reported locations at 36.3% (n=45) and 30.6% (n=38) respectively. Respondents could select more than one location therefore percentages do not equal 100%.

Location	Count	Percent
Billings, MT	74	59.7%
Scobey, MT	45	36.3%
Williston, ND	38	30.6%
Glasgow, MT	29	23.4%
Sidney, MT	23	18.5%
Plentywood, MT	22	17.7%
Great Falls, MT	9	7.3%
VA	4	3.2%
Minot, ND	3	2.4%
Other	14	11.3%

“Other” comments:

- Minot, ND
- Sun City, AZ
- Glendive
- Missoula
- Rapid City, SD
- IHS (Indian Health Services) – Poplar
- Billings cardiologist via Telemed in Plentywood comes in person too
- California
- Mayo Clinic - Rochester, MN
- Mesa, AZ
- Everett, WA
- Miles City

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

N= 164

Respondents were asked to rate a variety of aspects of the overall care provided at Daniels Memorial Healthcare Center. Respondents were asked to rate the services using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor and “Don’t know” or “Haven’t used.” The sums of the average scores were then calculated with “Ambulance services” receiving the top average score of 3.8 out of 4.0. “Immunizations” received a 3.6 out of 4.0 and both “Emergency room” and “Laboratory” receiving 3.5 out of 4.0. The total average score was 3.4, indicating the overall services of the hospital to be “Excellent” to “Good”.

	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Haven't Used/ Not Applicable	Don't know	No Answer	Total	Average
Adult day care	12	16	2	0	94	15	25	164	3.3
Ambulance services	61	13	3	0	67	4	16	164	3.8
Audiology	6	5	4	2	101	15	31	164	2.9
Chemotherapy	6	3	2	0	105	14	34	164	3.4
Emergency room	65	37	10	0	31	5	16	164	3.5
Family practice	49	47	12	4	29	4	19	164	3.3
Immunizations	64	34	1	1	36	6	22	164	3.6
Laboratory	76	43	7	1	16	3	18	164	3.5
Long term care	18	21	6	0	83	13	23	164	3.3
Occupational therapy	6	9	4	0	105	14	26	164	3.1
Physical therapy	38	23	10	4	62	9	18	164	3.3
Radiology	28	26	6	0	68	10	26	164	3.4
Speech therapy	3	2	1	1	110	20	27	164	3.0
Telemedicine	7	5	2	0	101	21	28	164	3.4
Visiting nurse services	12	12	4	1	95	19	21	164	3.2
Total	451	296	74	14					3.4

“Other” comments:

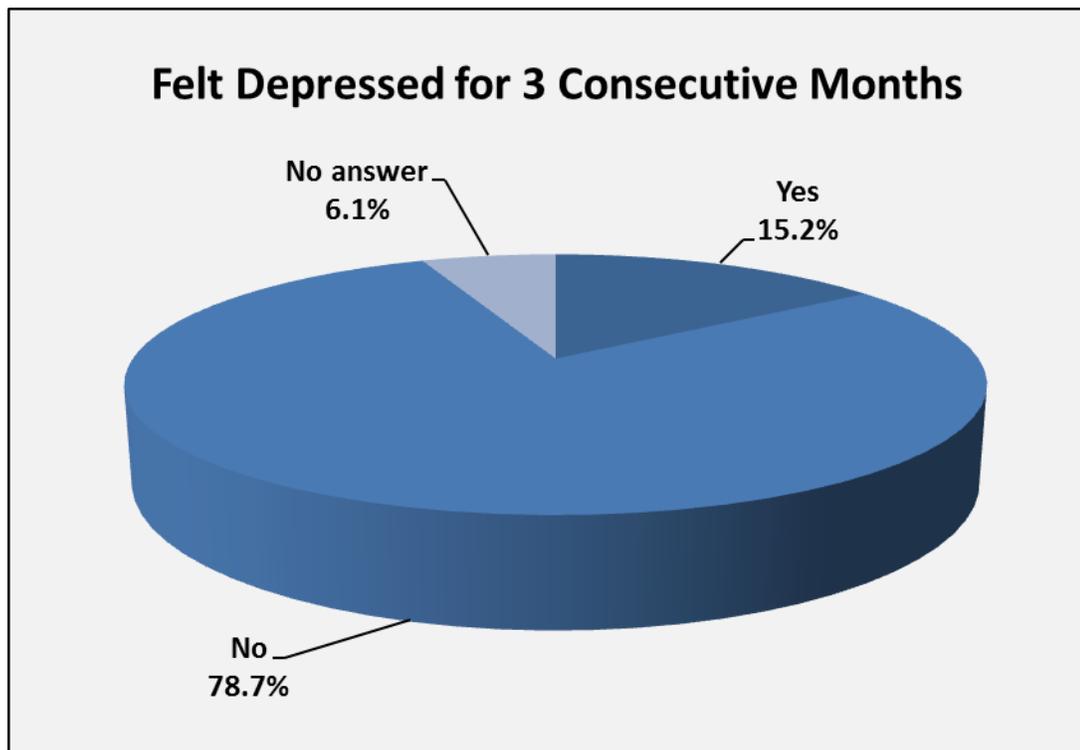
- [Adult day care] Scobey does not have this service
- NA all above

XI. Survey Findings- Personal Health & Health Insurance

Prevalence of Depression (Question 24)

N= 164

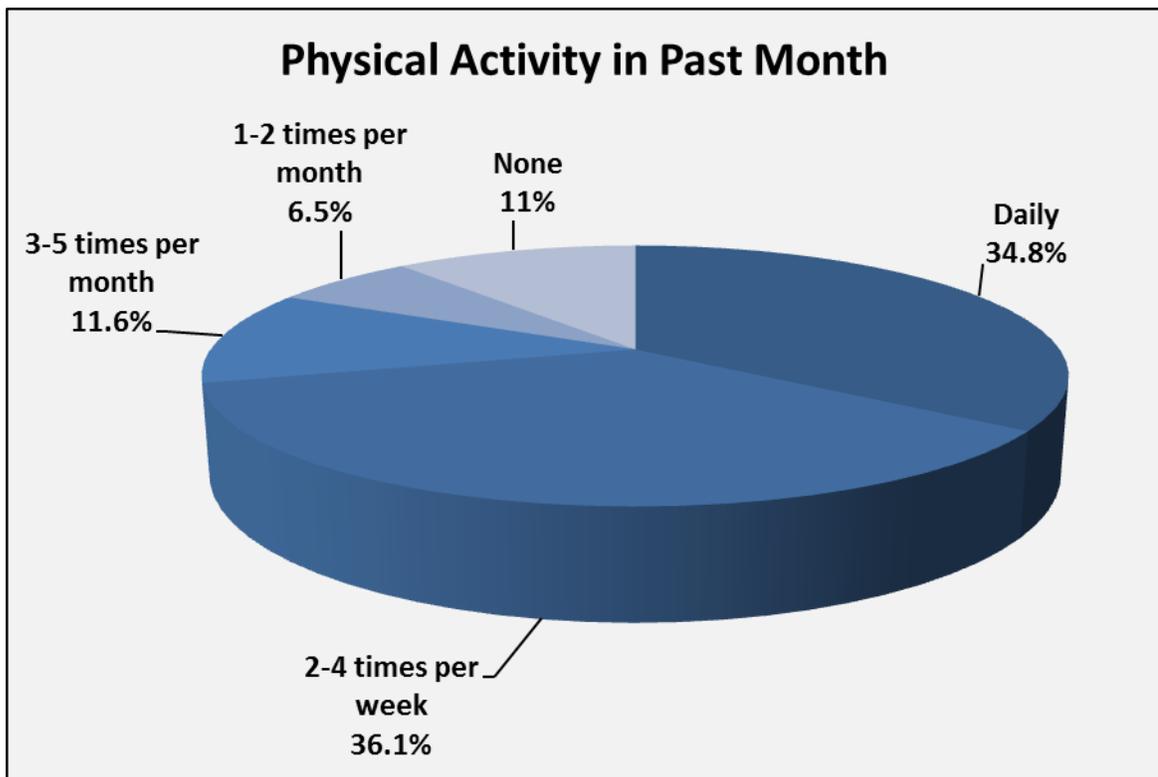
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Fifteen percent of respondents (n=25) indicated they had experienced these periods of feeling depressed and 78.7% of respondents (n=129) indicated they had not. Ten respondents (6.1%) chose not to answer this question.



Physical Activity (Question 25)

N= 155

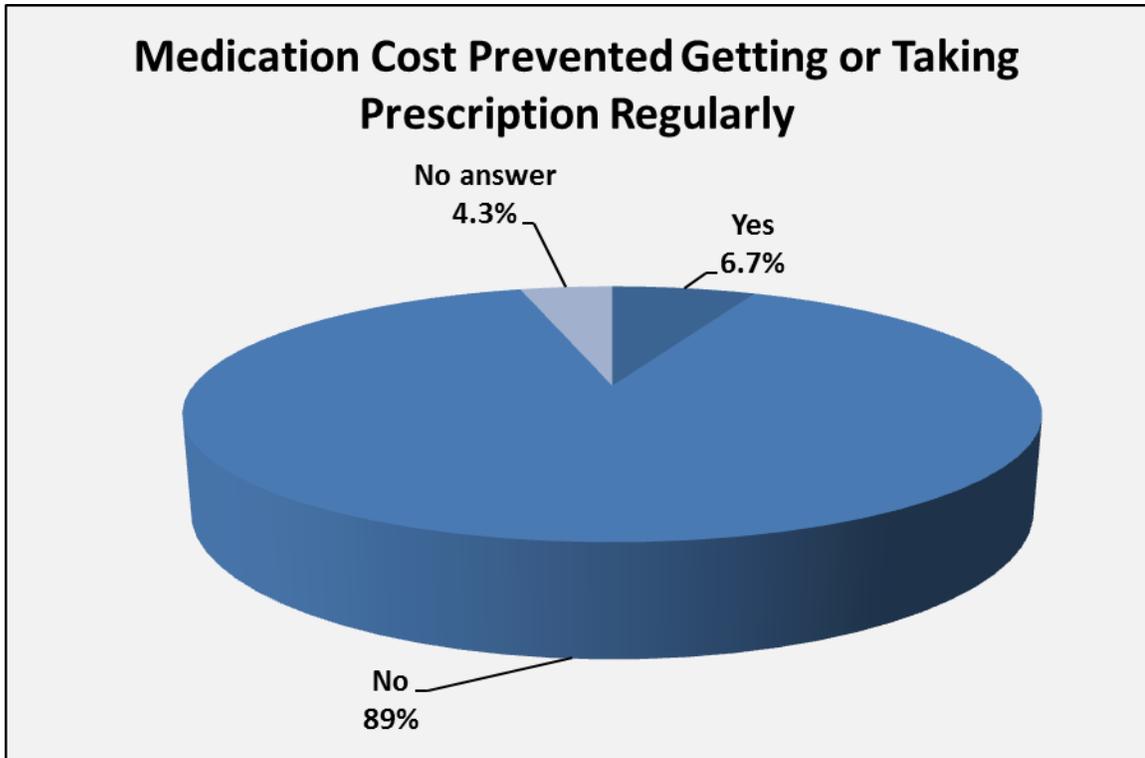
Respondents were asked to indicate how frequently they had physical activity for at least 20 minutes over the past month. Thirty-six percent of respondents (n=56) indicated that they had physical activity of at least 20 minutes “2-4 times per week” over the past month and 34.8% (n=54) indicated they had physical activity “Daily”. Eleven percent of respondents (n=17) indicated that they had “No physical activity” over the past month and 9 respondents chose not to answer this question.



Cost and Prescription Medications (Question 26)

N= 164

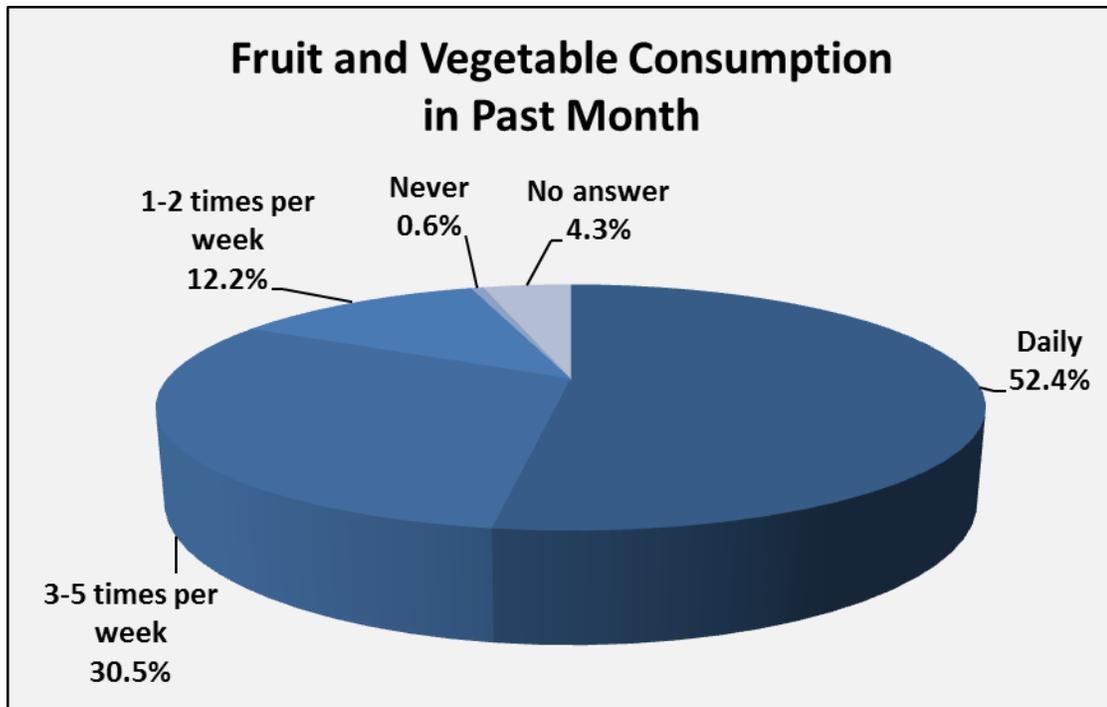
Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Seven percent of respondents (n=11) indicated that in the last year the cost prohibited them from getting a prescription or taking their medication regularly and 89% (n=146) indicated it was not a problem. Seven respondents (4.3%) chose not to answer this question.



Fresh Fruits and Vegetables (Question 27)

N= 164

Respondents were asked to indicate how frequently they had included fresh fruits and vegetables in their diet over the past month. Over half of the respondents (52.4%, n=86) indicated they had included fresh fruits and vegetables in their diet “Daily” over the past month and 30.5% (n=50) indicated that they included them “3-5 times per week”. Twelve percent of respondents (n=20) indicated that they had included fruits and vegetables “1-2 times per week” and one respondent (0.6%) indicated “Never.” Seven respondents (4.3%) chose not to answer this question.



Medical Insurance (Question 28)

N= 141

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Forty percent (n=56) indicated they have “Medicare”. Thirty-two percent (n=45) indicated they have “Employer sponsored” coverage and “Private insurance/private plan” was indicated by 13.5% of respondents (n=19). Twenty-three respondents chose not to answer this question.

Type of Medical Coverage	Count	Percent
Medicare	56	39.7%
Employer sponsored	45	31.9%
Private insurance/private plan	19	13.5%
Medicaid	4	2.8%
VA/Military	4	2.8%
None	4	2.8%
State/Other	2	1.4%
Indian Health	2	1.4%
Agricultural Corp. Paid	2	1.4%
Healthy MT Kids	1	0.7%
Health Savings Account	0	0
Other	2	1.4%

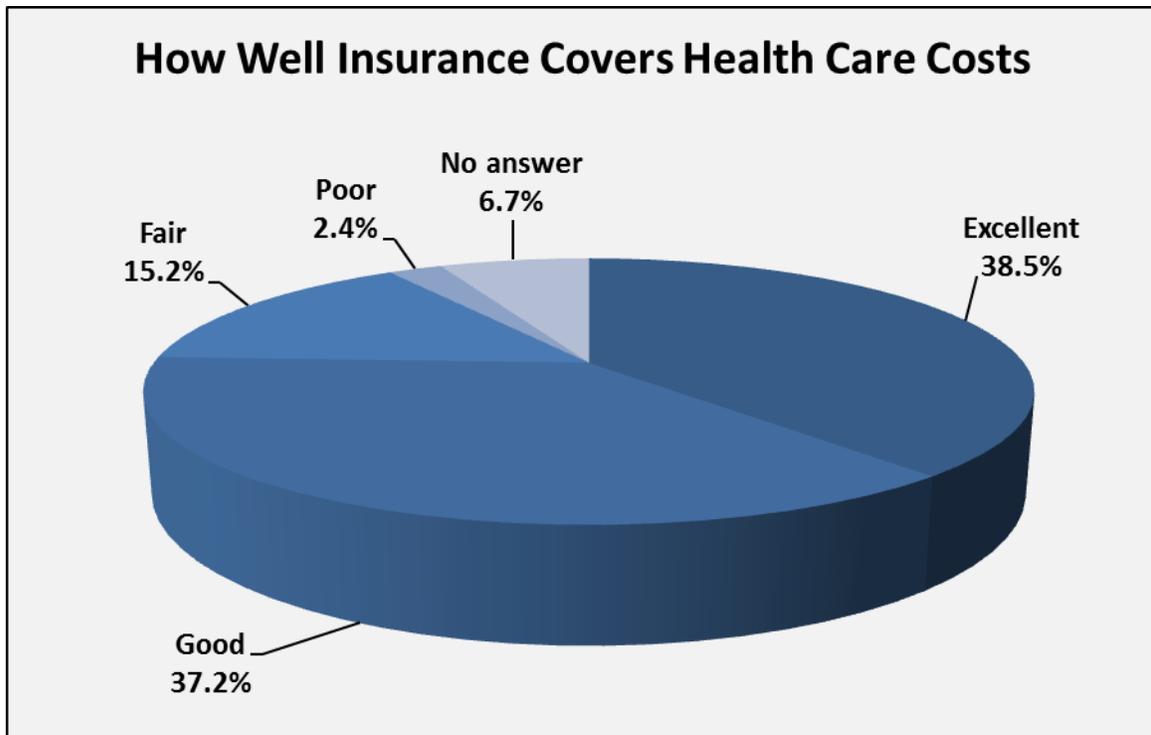
“Other” comments:

- Tri-care paid 75%, 25% paid by patient
- Supplement policy
- We just lost insurance
- Supplement insurance
- Federal
- Blue Cross/Blue Shield. Supplement also
- Federal Blue Cross/Blue Shield

Insurance and Health Care Costs (Question 29)

N= 164

Respondents were asked to indicate how well they felt their health insurance covers their health care costs. Thirty-nine percent of respondents (n=63) indicated they felt their insurance covers an “Excellent” amount of their health care costs. Thirty-seven percent of respondents (n=61) indicated they felt their insurance is “Good” and 15.2% of respondents (n=25) indicated they felt their insurance was “Fair.” Eleven respondents (6.7%) chose not to answer this question.



“Other” comments:

- But billing is not always correct from provider

Barriers to Having Health Insurance (Question 30)

N= 4

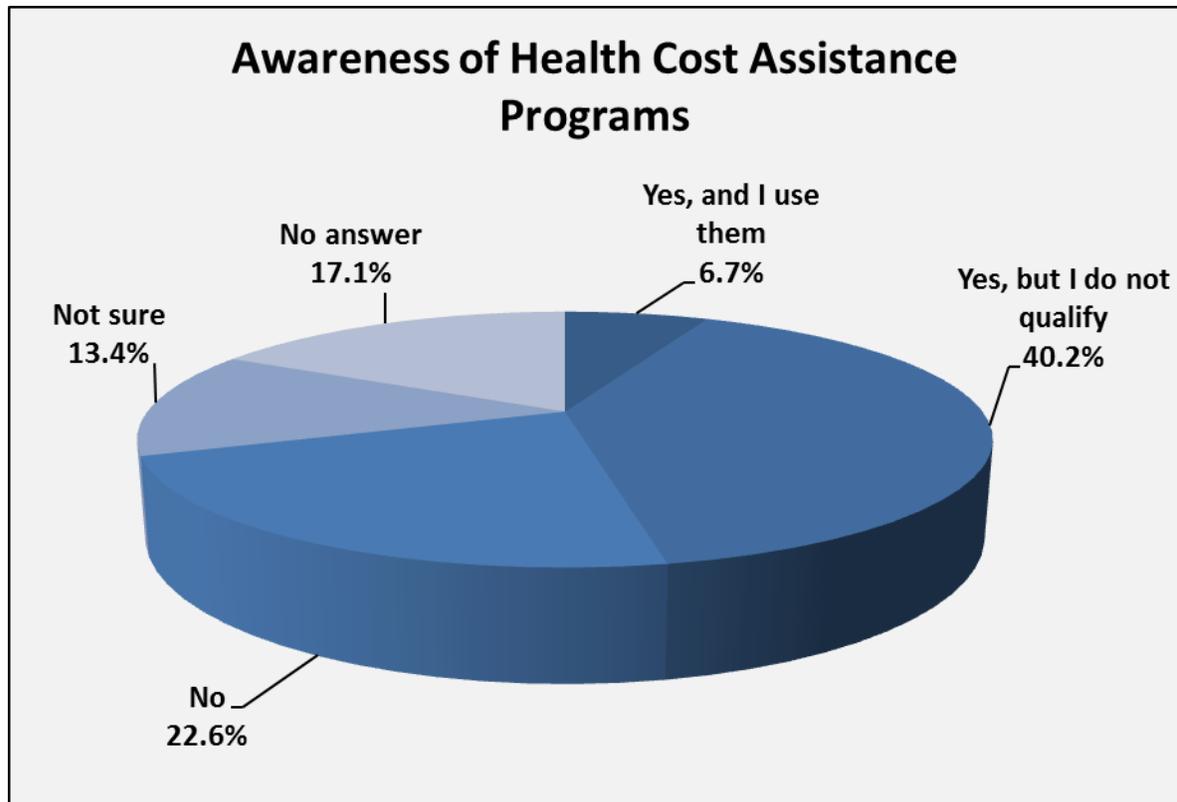
Those respondents who indicated they did not have medical insurance (n=4) were asked to indicate why they did not. Seventy-five percent (n=3) reported they did not have health insurance because they could not afford to pay for it and 50% (n=2) indicated their “Employer does not offer insurance.” Respondents were asked to mark all answers that applied thus the percentages do not equal 100%.

Reason	Count	Percent
Cannot afford to pay for medical insurance	3	75.0%
Employer does not offer insurance	2	50.0%
Cannot get medical insurance due to medical issues	1	25.0%
Choose not to have medical insurance	0	0
Other	0	0

Awareness of Health Payment Programs (Question 31)

N= 164

Respondents were asked to indicate their awareness of programs that help people pay for health care bills. Forty percent of respondents (n=66) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-three percent (n=37) indicated that they were not aware or did not know of these programs and 13.4% of respondents (n=22) indicated they were unsure. Seventeen percent (n=28) chose not to answer this question.



XII. Focus Group Methodology

Two focus groups were held in Scobey, Montana in September 2012. Focus group participants were identified as people living in Daniels Memorial Healthcare Center's service area.

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

Focus Group Findings

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

- *Major issues in health care-* A variety of themes were discussed throughout the focus group meetings. The most common themes were: increasing access to healthcare, the benefits of Telemedicine, the need for assisted living options, and the potential impact that oil development will have on the community and health services. One participant commented, “One issue I see, and we are aware of this, is the need to upgrade the emergency room (ER) because we expect that oil development will bring in more emergencies and different types of emergencies such as chemical burns and things.” Moreover, participants noted a variety of health concerns ranging from lack of specialists, traveling long distances for health services, and issues with housing.

- *Opinion of services and quality of care at Daniels Memorial Healthcare Center:*

Quality of Care- Participants spoke highly of the hospital stating, “I think it’s extraordinary for a small community hospital.” They acknowledged that the hospital’s role is to “stabilize patients, then triage them to larger facilities.” Participants would also like to see more follow-up calls rather than having to go to the hospital for follow-up appointments.

Number of Services- In general, participants seemed very happy with the number of services available. Participant expressed an increasing need for mental health services.

Hospital Staff- Participants discussed the hospital staff in terms of style of care and competence. Participants felt that staff is very good but that the hospital is understaffed. Participants noted, “There have been some CNA (Certified Nursing Assistant) staffing problems lately. They are short on CNA’s and I think that’s a problem.”

Hospital Board and Leadership- The Hospital Board was well known by some participants, but not by others. Participants had mixed feelings about how the Board and leadership operate. One participant expressed, “The hospital runs because there are people there that care about other people and they care about their jobs.”

Business Office- Participants noted that the business office takes a long time for patients to receive their bills and would like to see an improvement in customer service. One participant commented, “I haven’t personally had a problem [with the business office], but I think that the people you would talk to about a payment issue aren’t particularly approachable.”

Condition of Facility and Equipment- Participants felt the facility could be updated but acknowledged it is a workable, well-functioning facility. One participant noted, “I think it [the condition of the hospital] is fine and I don’t think people expect anything fancy when they come into Scobey for healthcare.”

Financial Health of the Hospital- Participants felt the financial health of the hospital was unstable, but felt it would always be that way. One participant stated, “They [the hospital] get a lot of money from a mill levy. But I think it’s always going to be shaky; it [financial health of the hospital] won’t ever change.”

Cost- Participants felt that the cost of services was expensive, but fairly comparable to other places. Some participants stated they travel to Billings for more affordable services.

Office/Clinic Staff- Participants acknowledged that staff is good, but felt that staff could be trained to perform their tasks more efficiently. One participant noted, “It doesn’t seem like people with skills to do the job are in that job.”

Availability- Participants for the most part felt availability was good, but would like to see clinic hours extended noting that, “Clinic hours are 8am to 5pm.”

- *Opinion of local providers-* Participants indicated they mostly use local providers as their or their family’s personal provider because of convenience and noted, “If I had an ear infection, I would have no problem going to them.”
- *Opinion of Local Services:*

Emergency Room- Participants praised emergency room staff and were pleased with the emergency room services. They felt lucky to have the ER in Scobey. One participant remarked, “I think the hospital does a great job of providing education for the nurses. They [nurses] are prepared for emergencies they may only see a couple times a year.”

Ambulance Service- Participants find the ambulance service to be top-notch, stating “They [ambulance service workers] are very committed and knowledgeable. I would just as soon have them as anywhere else.” Participants realize in a small town that “All services are stretched pretty thin. Staffing seems to be short all-around. These are things that impact the provision of services. There are no backups.”

Health Care Services for Senior Citizens- Participants mentioned that older adults often have to leave Scobey for healthcare services. They noted a variety of healthcare services needed locally mentioning assisted living and hospice a number of times. One participant stated, “I do think if someone becomes chronically ill, they move to Billings. A lady just moved to Billings this last week. Her only option was to go to Billings because there is no hospice and she had no family. When you have to see specialists, it makes sense to go there [Billings].”

Public/County Health Department- Participants were grateful for the work done by the Health Department but realize “They [health department] have no financial backing, so they cannot offer the services that other counties do.” Participants praised staff by stating, “There is a lot of collaborative effort. People look very closely for things that overlap in their jobs. Pooling resources is necessary because funds are limited.”

Health Care Services for Low-Income Individuals- Participants felt health care services were available, but minimal, stating “We [Daniels Memorial Healthcare Center] do what we can and it is adequate, but limited.” One participant noted that there were “Not really any preventive services. If there’s an emergency, they get care.”

Nursing Home/Assisted Living Facility- Participants felt the Nursing Home was understaffed and that customer service could improve. They would also like to have an Assisted Living option. One participant noted, “I think sometimes people working at the Nursing Home get too comfortable and don’t get the kind of training they need to take care of patients in a caring and respectful way.” Another participant mentioned, “If they could have assisted living for older people who would do better to be more active and have more freedom and independence... that would be beneficial.”

Pharmacy- Participants are pleased with the local pharmacy and value the pharmacist greatly. They recognize that prices are comparable to other locations, and understand the pharmacist cannot be available all the time, noting “The Pharmacy is closed from 12pm-1pm every day and not open on Saturday.” Overall, participants found the pharmacy to be adequate for the area.

- *What Would Make the Community a Healthier Place to Live-* Participants offered many suggestions for making Scobey, and the surrounding area, a healthier place to live. Participants stressed the importance of having better access to fruits and vegetables year-round, access to walking paths or indoor tracks, better highways, and increased safety for children walking to school. Participants also indicated a need for mental health services as well as more sidewalks throughout town.
- *Why people might leave the community for health care services-* Generally, participants would leave Scobey for specialized services, for privacy, and for access to different providers.
- *Health Services needed in the Community-* Additional services that participants felt were needed include: expanded services due to oil development, increased safety and security, an assisted living facility, mental health services, childcare, heightened awareness of the services already available, and hospice.

XIII. Summary

One hundred and sixty-four surveys were completed in Daniels Memorial Healthcare Center's service area for a 27% response rate. Of the 164 returned, 65.8% of the respondents were females and 50.9% were 66 years of age or older.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.4 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Seventy-six percent of the respondents have seen a health care specialist during the past three years. The most frequent specialists seen were the "Dentist" at 49.2% (n=61), "Optometrist" at 37.9% (n=47) and "Orthopedic surgeon" at 30.6% (n=38).

Overall, the respondents within Daniels Memorial Healthcare Center's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the health care sector has on the economic well-being of the area, with 88% of respondents identifying local health care services as "very important" to the economic well-being of the area.

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

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

Appendix A- Steering Committee Members

Steering Committee- Name and Organization Affiliation

1. Mary Nyhus – County Health Department
2. Derrick Mottern – Nemont/DMHA Board
3. Cindy Murray – DMHC Provider
4. Lois Leibrand – DMHC Visiting Nurse Services
5. Janelle Handran – DMHC Nurse
6. Laura Buer – Food Bank
7. Esther Kramer – Mental Health Services
8. Dave Hubbard – DMHC CEO
9. Jed Lekvold – Chamber of Commerce
10. Mike Hammerly – Faith Community
11. Robbie Roos – Youth Programs
12. Kurt Nelson – Border Patrol
13. Vickie Stratton - Council on Aging
14. Dave Selvig – Superintendent of school
15. Lee Humbert – County Commissioner
16. Barbra Ward- DMHC Marketing

Appendix B - Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Mary Nyhus – County Health Department
- b. Date of Consultation
First Steering Committee Meeting June 19, 2012
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Prevention
 - Mental health services
 - Family planning

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

Population- Seniors

- a. Name/Organization
Mary Nyhus- County Health Department
Lois Leibrand- Visiting Nurse Services
Esther Kramer- Mental Health
Vickie Stratton- Council on Aging
- b. Date of Consultation
First Steering Committee Meeting June 19, 2012
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Transportation
 - Hospice/end of life care

Population- Youth

- e. Name/Organization
Mary Nyhus- County Health Department
Bobbie Roos- Youth Programs
Dave Silvig- Superintendent of School

- f. Date of Consultation
First Steering Committee Meeting June 19, 2012
- g. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- h. Input and Recommendations from Consultation
 - o Childcare needs

Population- Low Income

- i. Name/Organization
Mary Nyhus- County Health Department
Laura Buer- Food Bank
Esther Kramer- Mental Health
- j. Date of Consultation
First Steering Committee Meeting June 19, 2012
- k. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- l. Input and Recommendations from Consultation
 - o Childcare needs
 - o Transportation
 - o WIC, food pantry, food stamp utilization

Appendix C- Survey Cover Letter



Daniels Memorial Healthcare Center "Committed to providing excellence in rural community healthcare"

Box 400 • 105 5th Ave. E • Scobey, Montana 59263
ph. 406-487-2296 • fax 406-487-2471

September 4, 2012

Dear Resident:

This letter and survey concern the future of health care in Scobey and the surrounding area. Your help is critical in determining health priorities and future needs.

You are probably aware of many challenges facing rural health care, such as access to services and affordability. Unfortunately, many of the factors that threaten health care services in other rural areas challenge our local healthcare system as well. However, by completing the enclosed survey, you can help guide Daniels Memorial Healthcare Center in developing comprehensive and affordable healthcare services to our area residents.

Daniels Memorial Healthcare Center received grant funding from the Montana Office of Rural Health/Area Health Education Center to administer a community health survey. The purpose of the survey is to obtain information from a wide range of area residents to assist in planning programs, services, and facilities to meet present and future healthcare needs.

Please take a few moments to complete the enclosed survey by **October 16, 2012**. **Your name was selected at random and your answers will be kept confidential.** Your response is very important because your comments will represent others in the area. Even if you don't use healthcare services with Daniels Memorial Healthcare Center, your input is still helpful. We know your time is valuable so we have made every effort to keep the survey brief. It should take less than 15 minutes to complete. **Your help is much appreciated in responding to this survey.**

Once you complete your survey, simply **return it in the enclosed self-addressed, postage paid envelope.** All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001. We believe, with your help, we can continue to improve healthcare services in our region.

Thank you for your assistance. We appreciate your effort.

Sincerely,

Dave Hubbard
Daniels Memorial Healthcare Center

Appendix D- Survey Instrument

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

- Health care provider Friends/family Public health
 Mailings/newsletter Word of mouth/reputation Newspaper
 Website/internet Radio Presentations Other _____

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

- Pharmacy Food stamps Mental health Senior center WIC
 Dentist Public health Food pantry Eye doctor Other _____

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

- Greater health education services More specialists Cultural sensitivity
 Improved quality of care Interpreter services Telemedicine
 More primary care providers Transportation assistance Other _____
 Outpatient services expanded hours

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

- Very important Important Not important Don't know

General Use of Health Care Services

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

- Yes No (If no, skip to question 11)

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

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

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

- Children's checkup/Well baby Routine blood pressure check (yearly) Flu shot (yearly)
 Cholesterol check (yearly) Routine health checkup (yearly) Mammography
 Colonoscopy (every 5-10 years) Pap smear (every 3-5 years) Other _____

12. If you have **not** utilized any preventative health services listed in question 11, what were the **three** most important reasons why you have not? (**Select 3 that apply**)

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

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

- | | | |
|--|---|---------------------------------------|
| <input type="radio"/> Mammography (on-site) | <input type="radio"/> Tobacco treatment/cessation | <input type="radio"/> MRI |
| <input type="radio"/> Ultrasound (on-site) | <input type="radio"/> Pain management program | <input type="radio"/> Fitness center |
| <input type="radio"/> Cardiac rehabilitation | <input type="radio"/> Assisted living | <input type="radio"/> Family planning |
| <input type="radio"/> Hospice/end of life services | <input type="radio"/> Mental health services | <input type="radio"/> VA Telemedicine |
| | | <input type="radio"/> Other _____ |

Hospital Care

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

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

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

- | | | |
|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="radio"/> Scobey, MT | <input type="radio"/> Billings, MT | <input type="radio"/> Great Falls, MT |
| <input type="radio"/> Glasgow, MT | <input type="radio"/> Sidney, MT | <input type="radio"/> Plentywood, MT |
| <input type="radio"/> Minot, ND | <input type="radio"/> Williston, ND | <input type="radio"/> VA |
| | | <input type="radio"/> Other _____ |

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

- | | | |
|--|---|---|
| <input type="radio"/> Cost of care | <input type="radio"/> Hospital's reputation for quality | <input type="radio"/> Required by insurance plan |
| <input type="radio"/> Closest to home | <input type="radio"/> Prior experience with hospital | <input type="radio"/> Service not available locally |
| <input type="radio"/> Closest to work | <input type="radio"/> Recommended by family or friends | <input type="radio"/> VA/Military requirement |
| <input type="radio"/> Emergency, no choice | <input type="radio"/> Referred by physician | <input type="radio"/> Other _____ |

Primary Care

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

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

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

- Daniels Memorial Healthcare Center, Scobey
- Northeast MT Health Services (Wolf Point, Poplar)
- VA
- Sheridan Memorial, Plentywood
- Frances Mahon Deaconess, Glasgow
- Other _____

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

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

Specialty Care

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

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

21. What type of health care specialist was seen? (Select all that apply)

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

22. Where was the health care specialist seen? (Select all that apply)

- Scobey, MT
- Glasgow, MT
- Minot, ND
- Billings, MT
- Sidney, MT
- Williston, ND
- Great Falls, MT
- Plentywood, MT
- VA
- Other _____

23. The following services are available at Daniels Memorial Healthcare Center. Please rate the overall quality for each service. (Please mark N/A if you haven't used the service)

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Haven't Used = N/A Don't Know = DK

Adult day care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Ambulance services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Audiology	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Chemotherapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Emergency room	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Family practice	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Immunizations	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Laboratory	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Long term care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Occupational therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Physical therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Radiology	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Speech therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Telemedicine	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Visiting nurse services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK

Personal Health & Health Insurance

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

- Yes No

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

- Daily 2-4 times per week 3-5 times per month 1-2 times per month None

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

- Yes No

27. In the past month, how often have you included fresh fruits and vegetables in your diet?

- Daily 3-5 times/week 1-2 times/week Never

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

- Healthy MT Kids Private insurance/private plan Agricultural Corp. paid
 Employer sponsored Medicaid Health Savings Account
 Medicare VA/Military None
 State/Other Indian Health Other _____

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

- Excellent Good Fair Poor

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

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

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

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

Demographics

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

32. Where do you currently live by zip code?

- 59263 Scobey 59222 Flaxville 59253 Peerless 59257 Redstone
 59276 Whitetail 59254 Plentywood 59201 Wolf Point
 59255 Poplar 59250 Opheim 59252 Outlook

33. If your home is outside of town, how many miles are you from Scobey?

- 0-5 miles 6-15 miles 16-30 miles 31-45 miles More than 46 miles

34. What is your gender? Male Female

35. What age range represents you?

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

36. What is your employment status?

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

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix E- Responses to Other and Comments

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

- Old age
- [Alcohol abuse/substance abuse] Especially drugs
- Lack of services
- Illegal drugs
- Lack of counseling and home health care
- Aging community

6. Which community health resources, other than the hospital or clinic, have you used in the last year?

- Chiropractor

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

- I think we are lucky to have what we have; small town size
- Have Telemedicine, just don't encourage the use
- Data based and shared with outside or connected facilities
- Improved primary providers
- Nurses
- Providers that actually will touch you during an exam!!

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

- Don't like Administration
- Doctor would not work with Medicare
- Primary provider is arrogant

11. Have you utilized any of the following preventative services in accordance with the current guidelines?

- Blood panel (2)
- Blood panel every six months
- Lab – general test thyroid
- Doctor didn't do job
- Did not use DMHC (Daniels Memorial Healthcare Center)
- Not here

12. If you have not utilized any preventative health services listed above, what were the three most important reasons why you have not?

- Have never done yearly check up

- Doctor located elsewhere (2)
- No need
- Didn't need (3)
- Don't like providers – prefer going out of town
- Unneeded
- Doctor out of town where I spend majority of the time to allow doctor visits and treatments
- No comment
- Had DOT (Department of Transportation) doctor
- Primary provider arrogant. Does not listen to patients.

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

- 3-D Mammography
- Colonoscopy
- Any if needed

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

- Helena
- Community Medical Center – Missoula
- We used all three of these this year: Scobey, Glasgow, Minot
- Wickenburg, AZ

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

- Surgery
- Preferred providers
- Provider care!! Take time to listen to patients. Follow-up.

18. Where was that primary health care provider located?

- Billings Clinic – Billings (3)
- VA (Veteran's Affairs) – Glasgow
- Williston, ND
- Sidney (3)
- Plentywood Clinic – Plentywood (2)
- IHS (Indian Health Services) – Poplar
- Sheridan Memorial – Plentywood (this one too)
- Yellowstone Clinic – Billings
- Everett, WA
- Miles City

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

- Telemedicine
- Doing business locally
- Flight physicals
- Able to handle everything from delivery on up
- OB/GYN, have kept going to her
- Continuity of care
- I like Doctor Sawdey and trust him
- Only one provider on duty at the time I needed to see someone
- Liked the provider (Sheridan Memorial)
- Providers are courteous, take time to talk with patients and listen to them. Don't sit across the room and diagnose

21. What type of health care specialist was seen?

- Kidney specialist
- Epidural injection
- [Cardiologist] via Telemed. [Oncologist] No chemo – post radiation only
- Internist
- Cancer specialist

22. Where was the health care specialist seen?

- Minot, ND
- Sun City, AZ
- Glendive
- Missoula
- Rapid City, SD
- IHS (Indian Health Services) – Poplar
- Billings cardiologist via Telemed in Plentywood comes in person too
- California
- Mayo Clinic - Rochester, MN
- Mesa, AZ
- Everett, WA
- Miles City

23. The following services are available at Daniels Memorial Healthcare Center. Please rate the overall quality for each service.

- [Adult day care] Scobey does not have this service
- NA all above

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

- Tri-care paid 75%, 25% paid by patient
- Supplement policy
- We just lost insurance
- Supplement insurance
- Federal
- Blue Cross/Blue Shield. Supplement also
- Federal Blue Cross/Blue Shield

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

- But billing is not always correct from provider

33. If your home is outside of town, how many miles are you from Scobey?

- [31-45 miles] from Scobey

36. What is your employment status?

- Housewife
- Self-employed
- Self-employed. Work every day from home
- Homemaker
- Self

Appendix F- Focus Group Questions

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

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

Appendix G- Focus Groups Notes

Focus Group #1

Monday, September 17, 2012 – 6:00pm-7:30pm – Scobey Visitor Center – Scobey, MT

1. What would make this community a healthier place to live?
 - In the summertime there is an abundance of fruits and vegetables available and in the wintertime there are no fruits and vegetables. You can't find cilantro that is not wilted.
 - A lot of processed foods are available instead.
 - Get some sort of walking track or some access to walking. I have a friend that is walking on the highway. I always see someone walking or running on the highway. Thank God no one has been hit [by a car].
 - There is a walking track inside the school, but you need a key to get in. It is available in the wintertime.
 - I use the walking track every once in a while, they had problems so now they have to lock it.
 - Scobey is short of sidewalks, not conducive to foot traffic. You just get in your car and drive a block instead.
 - People around here [Scobey] have four wheelers and side-by-sides. They use pickups out of town and those things around town.
 - The fact that we need a better highway between Scobey and Wolf Point isn't going to happen anytime soon, but if enough people mention it maybe something will change... I had a county commissioner tell me it's more important to focus on Sidney.
 - The highway is getting worse. There are tons of semis on the roads.
 - I'm worried about the kids walking to school. There are signs that say "School Crossing" but that's not good enough; people don't stop or even slow down, they just keep going.
 - If we get the oil then we are desperate [for better roads].
 - There are a lot of camper trailers showing up. One grocery store is diminishing and the other isn't planning on expanding; we're in trouble.
 - It's a different lifestyle than in Billings or an even bigger city. Even in Bozeman everyone is hiking or riding bikes. People here may snowmobile, which is not exercise unless you get stuck. The entertainment up here, unless it's a community function, is drinking.
 - It's important to consider water and sewer -- that could affect the health of the community.
2. What do you think are the most important local health care issues?
 - Assisted Living! We are desperate for an assisted living place.
 - We tried an assisted living unit, but it was a house that was converted to an assisted living unit and it wasn't friendly. It depended on who was running it. We don't need a lot. We need like six beds.
 - Assisted living shows up a lot in different meetings we have.
 - The friendliness is based on how people run it. Before you knew it everyone was up at the Nursing Home because the Nursing Home was friendlier. At the Nursing Home you can talk to the staff. When you have a complaint, you talk to a social worker. At the Assisted Living place you couldn't complain about a thing. It was not an ideal place since it was just a house. They expected four people to share one bathroom.

- Access to healthcare. It's such a chore to go to a specialist. People have to go all the way to Glasgow. We're always travelling a minimum of two hours. We've got one doctor in town so you have no choice. We have one PA [physician assistant] in town.
- My neighbor has multiple health problems with multiple specialists. When his wife makes appointments, he may have to make three trips to Billings in one month.
- My dentist, my doctor, and my eye doctor are all in Billings. I try to schedule them all at the same time so I don't have to make multiple trips.
- Telemed (Telemedicine) is getting better, but there are still a lot of doctors not signing up for it.
- Isn't Telemed a limited circuit? I don't think every doctor can even sign up for it. I think it has to be signed up through Billings Clinic. It's called EMTN, Eastern Montana Telemed Network.
- People are going to the VA (Veteran's Affairs) all the way in Plentywood. Travelling physicians only make trips once a year from Havre. Its four hours [from Havre], they can come more than once a year.
- A friend of mine was called all the way to Plentywood for a five-minute update appointment.
- Once you get east of Billings, it's like a black hole.
- You used to be able to go to Glendive, now you have to go to Glasgow for VA.
- Get Tester out here and fix it.

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

Quality of Care

- They offer the best, considering the care they give, it's just primary care. There's nothing wrong with it.
- It was nice to have the Physician Assistant because she wasn't here [in Scobey] all the time and because of that I felt more comfortable seeing her.
- Its triage and then [patients] go somewhere else.
- They [hospital staff] do a good job with triage, and then get you somewhere else.
- Sometimes they [hospital staff] won't take care of you unless you've already gone somewhere else.
- I have no complaints about it [care offered by the hospital]. They are very good at triage and getting them stable.
- You just can't ask for anything better.
- Flights from Billings are here all the time; they know this area.
- Once you are stable, I don't see any problems with the rehab. That's what they're here for.
- The food is good.
- It [the hospital] was very friendly and helpful, I was impressed. They're good at what they do.
- We need immediate care, like urgent care.

Number of services

- Considering how small we are, I think we're pretty good.
- We have lab, CT, x-ray, full rehab, right now we're a little low on staff.
- Comparing to hospitals around, it's basically the same services.

Hospital staff

- I have family members that go for the evening meal; if it doesn't come out [to them], they go get it.
- I have family in Plentywood and it's not any better. It is served better though; the kitchen and dining room are all together.
- Being short staffed is an issue.

Hospital Board and Leadership

- There is a huge disconnect for both the Board and administrator.
- The Board doesn't seem to want to deal with any issues. They say they are there any time for any problem but there are only one or two people you can talk to.
- The hospital runs because there are people there that care about other people and they care about their jobs

Business office

- Zero customer service.
- I just got a \$94 refund for overpayment from four years ago, I about fell out of my chair. So they're about four years behind, but they try.

Condition of facility and equipment

- Equipment is completely out of date. Cleanliness is great, very clean.
- Facility is so institutionalized and the thinking process is outdated.
- They redecorated the day room in the Nursing Home but the rooms themselves haven't been decorated since the 1990's.
- It's [the hospital] just not homey. You have to have sanitizing and whatever but it has to be comfortable. When wallpaper peels, it needs to be replaced whether it's in your own home or in the Nursing Home.
- They did redo the windows in the Nursing Home from a huge grant.
- Maybe if you can get a grant for something you can get something done.
- The attitude is that it's not important to update the facility. There are emotions but nothing behind it. No desire for improvement by the leaders.
- I think the Board would be on board with improving [the hospital] though.

Financial health of the hospital

- Shaky. They keep saying there is no money.
- They [the hospital] get a lot of money from a mill levy. But I think it's always going to be shaky, it [financial health of the hospital] won't ever change.
- At least the community has approved the mill levy. If it wasn't for that mill levy, the hospital would have one foot in the grave and the other on a banana peel.

Cost

- High.
- Allergy shots are twice as much here as in Billings. That's why I drive all the way to Billings for doctor appointments.
- It just seems expensive.

- They get you for everything. You have to come in for second visits. They bring you in just to make money. It gets old to get blood tests or refill prescriptions.
 - But they won't let you fall behind on follow-up visits.
- In the Nursing Home, patients get charged for every little thing they get.
- In Plentywood, the Nursing Home has a flat fee.
- Ask about the fees charged at the Nursing Home. It depends on who pays: out of pocket or insurance.

Office/clinic staff

- They're [office/clinic staff] not bad.
- A lot of inefficiency.
- The office staff is computer illiterate. They have little to no computer training. There is no IT (Information Technology) staff so if they can't fix it remotely, you're going to wait.
- There are probably two or three people with intermediate or an above grasp of computers. Most is below average.
- It doesn't seem like people with skills to do the job are in that job.

Availability

- For the most part, you can get appointments as you need them.
- Clinic hours are 8am to 5pm.
- On Monday morning you are on the phone first thing to get in as soon as possible.
- They need extended hours.
- The Clinic is open from 8am-5pm. Period. If your kid has an ear infection over the weekend, it is an emergency and will be charged as that. We have nothing in-between emergency and clinic.

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

- Yes, we see Dr. Sawdey.
- No. they're not local. I just don't want to change doctors [from Billings].
- We've tried to go other places, but we always go back to Dr. Sawdey. Convenience is a factor.
- I go local. I hate to go out of town.
- If I had an ear infection, I would have no problem going to them.

5. What do you think about these local services:

Emergency Room

- I think the ER is decent. The ambulance team is good; they know what they're doing and do it well.

Ambulance service

- Top notch.
- Wonderful.
- Expensive, but when you look at the requirements and what they have on board with them, there's a reason it's expensive.

Health care services for Senior Citizens

- They have a visiting nurse program which is really good.
- They had to give up home health and now have visiting nurses, but they also had to give up hospice. People are upset that they don't have hospice. They couldn't keep them certified, but people don't realize they can get the same services through visiting nurses so they miss hospice. I don't think there's anything to do about it.
- I do think if someone becomes chronically ill, they move to Billings. A lady just moved to Billings this last week. Her only option was to go to Billings because there is no hospice and she had no family. When you have to see specialists, it makes sense to go there [Billings].

Public/County Health Department

- We should be happy we have them because the County Health Department is supported entirely by grants. All three of the workers get paid eight hours from County Health, and everything else is grants.
- They [the health department] have no financial backing, so they cannot offer the services that other counties do.
- It's because the County is broke. The mill levy is such that there is no discretionary funding. Forty years ago, one of the things that could go is the county health nurse.
- They finally had to hire a sanitarian but no maternal-child health.
- They [health department] work off grants.
- The Health Department does what they have grants for and nothing else.

Health care services for low-income individuals

- Charity care program at the hospital.
- I would imagine there are very few that use it as a preventive form of care.
- Not really any preventive services. If there's an emergency, they get care.
- Healthy Montana Kids. I think there's a lot of uninsured in this area because of the age disconnect.

Nursing Home/Assisted living facility

- I think customer service in the Nursing Home needs to be beefed up significantly.
- I think sometimes people working at the Nursing Home get too comfortable and don't get the kind of training they need to take care of patients in a caring and respectful way.
- I think they are short staffed in the Nursing Home for the evenings. For meals, there are no aids to pass them out so the families have been handing them [meals] out.
- Workers at the Nursing Home are supposed to be picking up some shifts. Even if you're short-staffed, you should finish your job. There is no CNA (Certified Nursing Assistant) or nurse to be seen, they're just talking in the office.

Pharmacy

- Not too bad.
- Scobey has one pharmacy.
- Prices keep going up.
- I have a friend from Oregon who paid \$309 there for his prescription and \$30 here. He is saving a lot of money a month and doesn't know why.

- Not a significant difference from Walgreen's to here in Scobey.
 - It was within \$4 from what it is in Billings.
 - Bob does a good job. For the most part, he is on it.
 - The medication is always available.
 - The Pharmacy is closed from 12pm-1pm every day and not open on Saturday.
 - You can no longer pickup prescriptions without the pharmacist there.
6. Why might people leave the community for healthcare?
- Specialists.
 - Not wanting to go where you work.
 - Want privacy, confidentiality, personal comfort.
 - You end up in the waiting room and someone comes in and wants to know what's going on with you. It happened in Glasgow one time. They waited to find out why I was there. It's just the small-town thing.
7. What other healthcare services are needed in the community?
- I would say we've got a good base of services. The problem for the next few years is the amount it's going to increase [from oil]. We may not have the number of staff to deal with that.
 - It takes 100 people per oil rig. So trying to gauge that makes people very nervous about what's going to start coming in – the issue is that we don't know.
 - All services could be impacted: from the grocery store to the gas station to garbage to roads, the list goes on and on.
 - Right now the Garbage Board is looking at how much garbage will be getting created. Who will pick it up and bring it to the landfill?
 - Safety at the hospital, lights and keys.
 - There is a door that is not locked after 5pm when it is supposed to be.
 - I've been there when it's been locked though.
 - Security needs are important.
 - Fire and ambulance services are completely volunteer. More people [from oil] means more ambulance runs.
 - Scobey just got a used fire truck that is over fifteen years old. We're very excited about it though.
 - If there were fires getting any bigger, we would've been in trouble. We need bigger equipment.
 - We're still talking volunteers. That's the sad part.
 - The other impact is salary. Even the county had to raise salary because they were having trouble getting road crew guys because they could work at oil companies for much more money.
 - The salaries at the hospital are not competitive. Nonmedical jobs are not competitive.

Focus Group #2

Tuesday, September 18, 2012 – 11:30am-1:00pm – Scobey Visitor Center – Scobey, MT

1. What would make this community a healthier place to live?
 - Mental health services are a huge hole throughout eastern Montana as far as I'm aware of.
 - As far as getting more people walking, our focus was trails and getting people off the roads.
 - We got a "Safe Route to School" Grant to get the kids active and create sidewalks and they are painting crosswalks to encourage kids to walk to school.
 - We were trying to get a path built around Scobey, we are almost glad we didn't get that put in yet because we don't know how Scobey will change with the oil, we have to put that on hold. The worst thing would be to build it and then have it ripped out.
 - The community garden and walk-to-school program, there has been a lot done for that.
 - We have done Screen Free Week. We have at least educated parents through the NAPA (Nutrition and Physical Activity) program for the importance of limiting screen time.

2. What do you think are the most important local health care issues?
 - A lot of older homes that people are fixing up... there are housing issues here. People are maybe living in homes now that wouldn't have been lived in a few years ago. There is a need for better homes. There are a few buildings that could stand to be torn down with the asbestos issue.
 - It costs so much to tear down houses that people leave it standing. Instead of getting rid of it, the asbestos is just sitting in the air there.
 - If you don't have good adequate housing, it affects everything.
 - One issue I see, and we are aware of this, is the need to upgrade the emergency room (ER) because we expect that oil development will bring in more emergencies and different types of emergencies such as chemical burns and things.
 - We have already seen a little bit of an increase due to the oil. I think the hospital has gotten busy.
 - The hospital has geared up to get bigger.
 - Motor vehicle accidents have happened.
 - The ER has been told to anticipate different types of emergencies such as burns and chemical exposure.
 - There is no assisted living. Citizens have to move into the Nursing Home or out of town.
 - There are people in the Nursing Home that assisted living would be a better fit for them.

3. What do you think of the hospital in terms of:
Quality of Care
 - I think it's really excellent for the size. I was pleasantly surprised with the knowledge of the nurses with the emergencies and how they were able to handle everything. They do not have the expertise of a specialist but can handle situations.
 - I came from a city and it's so different. It just has to be when you're doing rural medicine. When I think about people not getting care here in Scobey, it usually has to do with providers and it's just not a fit personality-wise so they go elsewhere. I think it would be

great to have a little more scope of services and great to have another provider. I don't know that there is enough for more than one provider to make a good living here though.

- I think it's extraordinary for a small community hospital.
- The hospital makes too many appointments, asking for follow-up rather than just making a quick call.

Number of Services

- I think they're okay. They have good physical therapy. I don't think OB/GYN (Obstetrics and Gynecology) would be feasible. I think that they need to send ICU (Intensive Care Unit) patients out, they couldn't maintain that here.
- Mental health- that is not a popular subject. Have you heard of first aid for mental health? It was a program developed in Australia. It's been in Sidney and Miles City. I want to see if it would fit in the community here. It trains ordinary people that have to deal with individuals that recognize signs of emotional problems and take appropriate steps. They are doing it at the Glasgow hospital next week. They have resources in the Human Resource Council to do it in Havre. There are two people that teach it. There would be no cost for the people who attended. I feel it is a program that could benefit Scobey. We [local affiliate for ESAA (Eastern Service Area Authority), regional state planning boards for mental health.]allocate about half of our funding from AMDD (Addictive & Mental Disorders Division) to community outreach, sponsoring things like "Rachel's Challenge" (anti-bullying program) in Broadus that teaches kids how to organize to help each other. Money is there. Teaches kindness, awareness, first aid awareness, suicide prevention.
- Committee of mental health center has a waiting list of 8-9 people for services. They are just swamped all the time. They are moving toward more community education. Education is the biggest bang for the buck.
- The State Suicide Prevention coordinator does a great job.

Hospital staff

- I think very good.
- There have been some CNA (Certified Nursing Assistant) staffing problems lately. They are short on CNA's and I think that's a problem.

Hospital Board and Leadership

- I know a few [members] but don't know exactly who is on the Board.

Business office

- I haven't had a problem [with the business office] but I have heard complaints that people were getting bills that were slow for one thing.
- I haven't personally had a problem [with the business office], but I think that the people you would talk to about a payment issue aren't particularly approachable.

Condition of facility and equipment

- It's [the condition of the facility and equipment] something we're always concerned with. One thing that we speak of is sometimes it seems like the Association Board sits on 2 million dollars, so why don't we have a state-of-the-art facility? But that's not the case.

The money is there, but it is restricted. It's not waiting there to be spent. Generally people don't understand the finances.

- I think it [the condition of the hospital] is fine and I don't think people expect a whole lot or anything fancy when they come into Scobey for healthcare.
- There are things you would love to see updated, but it's workable and you can do your job effectively.

Financial health of the hospital

- It seems like it goes up and down. They [the hospital] get a good donation and then it's gone.
- I think they're [the hospital] not in any different place than any other healthcare facility.
- They [the hospital] need to look where we're located; we are a place that needs to send people out. [Nurses] only need the basics to treat them here and triage them [patients] out. Nurses don't need a lot of high-tech equipment that they think they want to get to be progressive. It [high-tech equipment] may get used once a year. It's okay to send someone other places for tests.

Cost

- Okay.
- Comparable.

Office/clinic staff

- Good staff.

Availability

- I think I can get an appointment when I need one.

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

- Yes, for lack of availability...for convenience. If you have a sick kid, you're going to go to the place down the block.
- Convenience.

5. What do you think about these local services:

Emergency Room

- I think we're very lucky.
- EMS (Emergency Medical Services) is probably as good as you're going to get anywhere.
- Staff does a good job.
- I think the computer system is a hassle. You get asked all your history for the new system and you just want to get out of there. You don't want to sit and answer all those questions.
- The computer system was a big change and is irritating. I've heard complaints even though you only need to complete your medical history once.
- I think the hospital does a great job of providing education for the nurses. They [nurses] are prepared for emergencies they may only see a couple times a year.

Ambulance service

- Very excellent.
- They [ambulance service workers] are very committed and knowledgeable. I would just as soon have them as anywhere else.
- All services are stretched pretty thin. Staffing seems to be short all-around. These are things that impact the provision of services. There are no backups.

Health care services for Senior Citizens

- Assisted living.
- One thing, I've heard complaints like you have to go in monthly to get your prescriptions. That is a big thing for older people. A lot of people go out of town so they can get a yearly script.
- If older adults are at home, the facility tends to push them towards living in the Nursing Home, but that's a hard thing for them to realize it is time.
- Elderly often feel that if they go in [to the Nursing Home] they won't ever leave again or be able to go home.
- I can think of a couple people who moved [to Billings] because they already spent \$13,000 on medical care in Billings. I think that's just the nature of the beast; it's unfortunate, but not necessarily fixable.
- There are a lot in that age range, there are some young people moving in and we are expecting many other people with the oil fields.

Public/County Health Department

- Amazing.
- There is a lot of collaborative effort. People look very closely for things that overlap in their jobs. Pooling resources is necessary because funds are limited.
- Very fortunate that there are good working relationships and that they work well together.
- It works because there is such help.
- Small towns practically live off of grants.
- Half of Daniels County is state land so they do not receive that revenue so there isn't much to work with. Scobey has such a small population that they receive very little of that money back. We are unique like that.
- The county [Daniels County] has very limited funds and can barely get by.
- I think they [public health staff] do a good job for our area.

Health care services for low-income individuals

- I'm not sure how that [services for low-income individuals] works here.
- Limited care is provided at schools for kids. They [hospital] provide sports physicals for \$25.
- They [local healthcare services] have immunization clinics and try to find funds to cover kids that aren't immunized because parents sometimes do not find the information on their own.
- [Daniels Memorial Healthcare Center] does what they can and it is adequate but limited.

Nursing Home/Assisted living facility

- I think it [Nursing Home] is very good.

- If they could have assisted living for older people who would do better with more activity, freedom and independence... that would be beneficial.
- CNA staffing is an issue.
- The Nursing Home is excellent; I read in the local paper that it is one of the best either in the state or nationally.

Pharmacy

- For one pharmacist, he does great. I'm sure there's a need on the weekend, but you don't blame the pharmacist for not being on-call seven days a week. You can get ahold of him in emergencies. It's as good as you can expect.
 - Adequate and good. I wouldn't complain about them [the pharmacy] at all. When I was out-of-state they mailed me my medications and they will deliver them to me if I can't get out of my house. They seem to be very busy whenever I'm in there.
6. Why might people leave the community for healthcare?
- Specialty care, if you need to have something specific.
 - For specialized care, a lot of people leave to go to Billings, especially as people get older. I think that issue will remain. I don't see that we could develop enough extensive services for people to stay here for specialized care.
 - Personality [of providers] factors into people's decision.
7. What other healthcare services are needed in the community?
- Assisted living.
 - I do think it wouldn't hurt to have mental health services. For a while, one person a week would call for mental health, drug/alcohol abuse or something like that.
 - Four suicides in one year between here and Plentywood: two suicides here, one murder/suicide, and one suicide in Plentywood.
 - Better to request a counselor or worker, not a full center.
 - People here in town could benefit from mental health services.
 - For patients who need in-patient care for mental issues, they have to go to Warm Springs.
 - I think there is a shortage of in-patient mental health care statewide.
 - Law enforcement isn't trained or prepared for mental health and they don't have a place to take them.
 - There are psych rotations in nursing, but nurses here [in Scobey] are not used to it. Nurses or staff needs to be trained for that.
 - People in the Nursing Home could benefit greatly from counseling services.
 - At least have a mental health worker come once or twice a week.
 - There is one individual who has a mental health business, but has a contract through IHS (Indian Health Service). People don't know who to call to help others.
 - If you have a problem with drugs or alcohol you can find help, but if it's other mental health issues, you're out of luck.
 - An awareness issue exists in regards to mental health. Knowledge of what is available is lacking.
 - Childcare – there are some pretty desperate parents.
 - Lack of daycares.

- The reason is because of all the regulations with daycares so no one wants to spend the time and take care of that. They [daycares] just keep adding and adding people.
- The regulations have prevented a lot of people from pursuing daycares.
- The daycare is for younger preschool age.
- Hospice is something they had for a while but there were too many certifications and regulations to upkeep. The woman couldn't keep up with both, there needs to be a full director just for hospice but we only have one hospice patient a month or so. So we need a volunteer or a travelling worker.
- You have to go to this facility, not get hospice somewhere else.
- Visiting nurses could offer some respite care that is similar to hospice.
- The providers supervise visiting nurses so the way it is setup they don't want someone else. If someone doesn't want to go to these providers then that whole service is not available to them.
- I am so glad for the wellness center for the hospital. It was an expansion to the hospital.

Appendix H – Secondary Data County Profile

Daniels County

Secondary Data Analysis
September 26, 2012



Office of Rural Health
Area Health
Education Center

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

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

*Chronic Lower Respiratory Disease

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

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

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

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

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

⁴American Diabetes Association (2012)

Chronic Disease Hospitalization Rates	County	Montana
Stroke Per 100,000 population ¹	126.2	182.2
Diabetes Per 100,000 population ¹	156.4 (Region 1)	115.4
Myocardial Infarction (Heart Attack) Per 100,000 population ¹	147.7	147.3

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

Demographic Measure (%)	County	Montana	Nation ^{5,6}
Population ¹	1,643	989,415	308,745,538
Population Density ¹	1.2	6.7	Not relevant
Age ¹	<5 3%	18-64 59%	65+ 24%
		<5 6%	18-64 63%
		65+ 14%	<5 7%
			15-64 62%
			65+ 13%
Gender ¹	Male 49.6%	Female 50.4%	Male 49.2%
			Female 50.8%
Race/Ethnic Distribution	White ¹ 97.4%	American Indian or Alaska Native ¹ 1.8%	Other ¹ 0.8%
			91.5%
			6.8%
			1.7%
			72.4%
			0.9%
			26.7%

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

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

⁶US Census Bureau (2010)

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

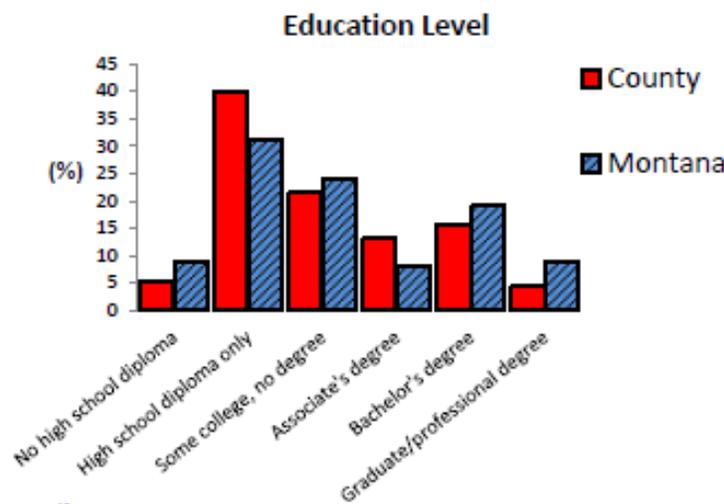
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8,9}
Median Income ¹	\$33,137	\$43,000	\$51,914
Unemployment Rate ⁷	3.2%	6.3%	7.7%
Persons Below Poverty Level ¹	18.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	32.7%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

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

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

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

⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	County	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ¹¹ †† Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	80.0%	64.3%
Tobacco Use ¹	20.5% (Region 1)	19.3%
Alcohol Use (binge + heavy drinking) ¹	24.8% (Region 1)	22.8%
Obesity ¹	26.8% (Region 1)	21.6%
Overweight ¹	37.8% (Region 1)	37.8%
No Leisure time for physical activity ¹	27.9% (Region 1)	20.7%

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

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

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

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

Screening ¹	Region 1	Montana
<i>Cervical Cancer (Pap Test in past 3 yrs)¹</i>	79.5%	83.0%
<i>Breast Cancer (Mammogram in past 2 yrs)¹</i>	69.2%	71.9%
	<i>Blood Stool¹</i>	21.8%
	<i>Sigmoidoscopy or Colonoscopy¹</i>	44.8%
<i>Diabetic Screening⁵</i> <i>Percent of Medicare enrollees who received HbA1c screening</i>	69.0%	79.0%

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

⁵County Health Ranking, Robert Wood Johnson Foundation (2012)

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
<i>Suicide Rate per 100,000 population¹</i>	23.4	20.3	12.0
<i>Unintentional Injury Death Rate per 100,000 population¹</i>	58.5	58.8	38.4
<i>Percent Motor Vehicle Crashes Involving Alcohol¹</i>	12.1%	10.0%	32.0%
<i>Pneumonia/Influenza Mortality per 100,000 population¹</i>	35.1	19.0	17.5
<i>Diabetes Mellitus²</i>	70.2	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
<i>Infant Mortality (death within 1st year) Rate per 1,000 live births¹</i>	6.9 (Region 1)	6.1	6.7
<i>Entrance into Prenatal care in 1st Trimester Percent of Live Births¹</i>	85.7%	83.9%	69.0%
<i>Birth Rate⁹ Babies born per 1,000 people</i>	8.6	12.8	13.5
<i>Low Birth Weight (<2500 grams) Percent of live births¹</i>	7.5% (Region 1)	7.3%	8.3%
<i>Neonatal Mortality (under 28 days of age) Rate per 1,000 live births¹</i>	4.1 (Region 1)	3.3	4.5
<i>Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births¹</i>	2.8 (Region 1)	2.7	2.2
<i>Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births¹</i>	11.3% (Region 1)	10.1%	12.5%

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

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

⁹Montana KIDS COUNT (2009)

¹⁵Center for Disease Control and Prevention (CDC), Preterm Birth (2012)

Economic Impact Assessment

Demographic Trends and Economic Impacts: A Report for Daniels Memorial Healthcare Center

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

Introduction

This report responds to requests by MHA for the location quotient of the hospital sector in Daniels County and for information on the county's demographics. In addition, the report includes analysis of the economic impact of the Daniels Memorial Healthcare Center on Daniels County's economy. Section I gives location quotients for the hospital sector in Daniels County using both state and national employment as the basis of comparison. Section II looks at the demographic profile of Daniels County. Section III presents the results of an input-output analysis of the impact of Daniels Memorial Healthcare Center on the county's economy.

Section I Location Quotients

A location quotient measures how the level of employment concentration in a geographic area compares with that of another geographic area. For example, if 20 percent of workers in county A worked in manufacturing and 10 percent of the workers in that county's state worked in manufacturing, then the location quotient for county A would be:

$$\frac{\text{County A Percent employed in manufacturing}}{\text{State Percent employed in manufacturing}} = \frac{20\%}{10\%} = 2.$$

Intuitively, county A's location quotient of 2 indicates that its employment in manufacturing is about double what one would expect given the size of manufacturing employment in the state.

Two location quotients for hospital employment in Daniels County were calculated. The first compares Daniels County's hospital employment concentration to that of the State of Montana, and the second compares it to hospital employment in the United States. The calculations use 2010 annual averages.

Hospitals Location Quotient (compared to State of MT) = 2.98

Hospitals Location Quotient (compared to U.S.) = 3.42

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Daniels County, both the state and national location quotients are much higher than one, indicating that hospital employment is about three times as large as expected given the overall size of Daniels County.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Daniels County’s employment patterns mirrored the state or the nation. Daniels Memorial Healthcare Center averaged 91 employees in 2010. This is 60 more than expected given the state’s employment pattern and 64 more than expected given the national employment pattern. In 2010 Daniels Memorial Healthcare Center accounted for 15.9% of county nonfarm employment and 16.3% of the county’s total wages.

(Source of Employment Data: Quarterly Census of Employment and Wages, Research and Analysis Bureau, Montana Department of Labor and Industry)

Section II Age Demographics

The 2010 Census reported that there were 1,751 residents of Daniels County. The breakdown of these residents by age is presented in Figure 1. Daniels County’s age profile is similar to that of many of Montana’s rural counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the “baby bust,” which is evidenced by the lack of 25 to 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Daniels County Residents

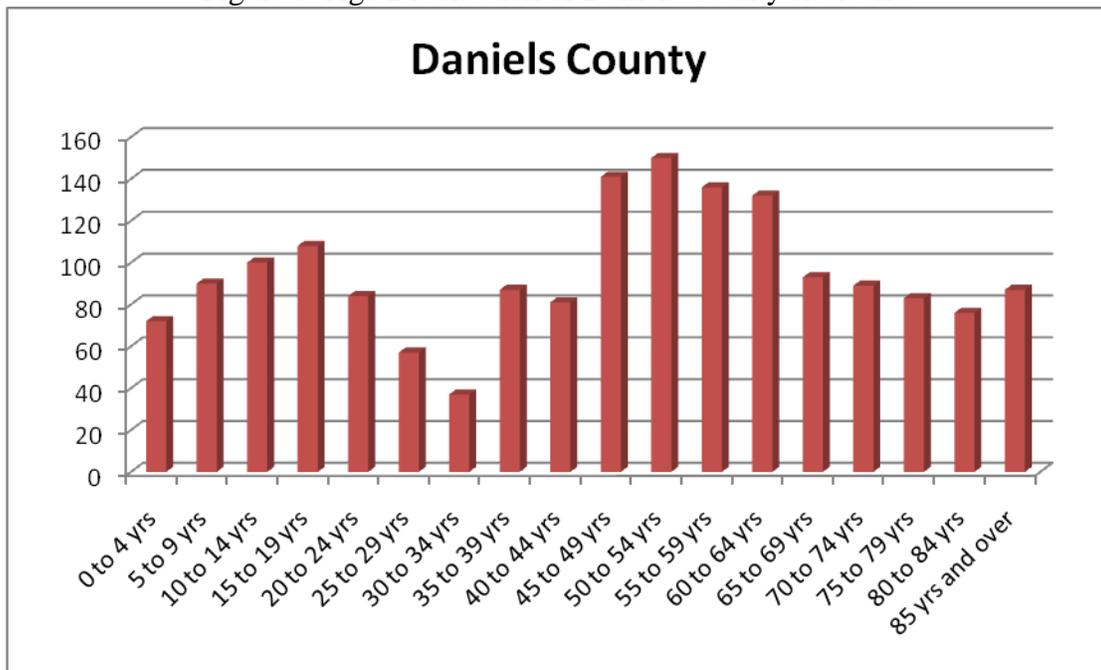


Figure 2: Percent of the population by age groups, Daniels County vs. Montana

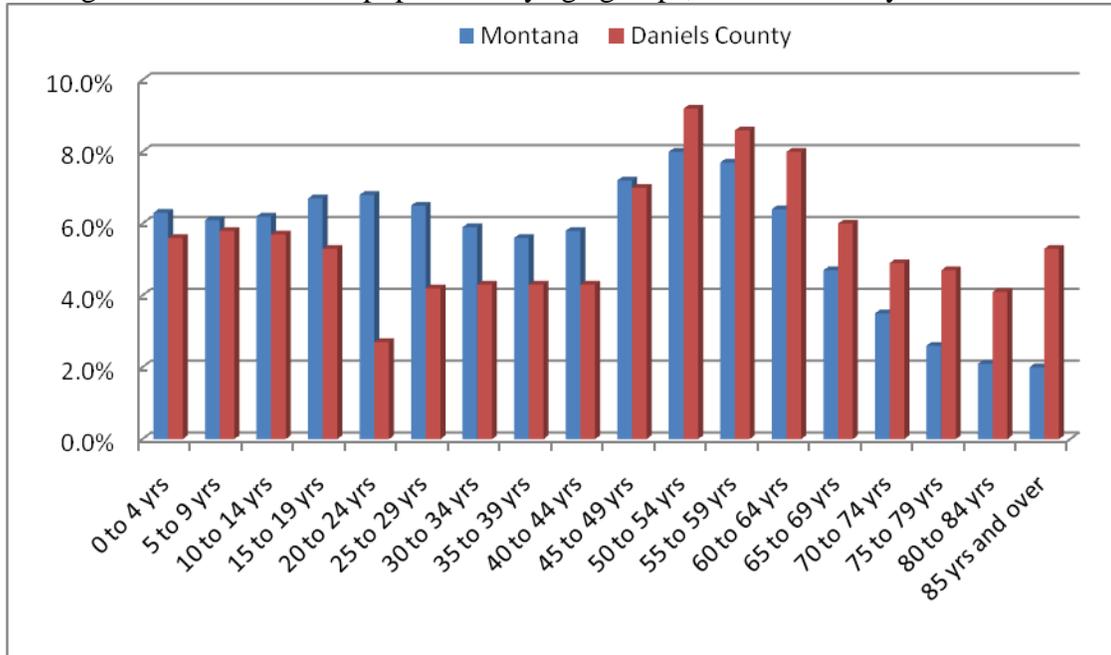


Figure 2 shows how Daniels County population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that compared with the State as a whole Daniels County has a lower percentage of people under 50 years old (42.2 percent vs. 49.2 percent) and a higher percentage of people age 50 and older(57.8 percent vs. 50.8 percent). According to the 2010 Census, Granite County was the fourth oldest county in Montana, with a median age of 50.4. These demographics are important when planning for healthcare delivery now and in the future.

Section III Economic Impacts

Businesses have an economic impact on their local communities that exceeds the direct amount of people they employ or wages they pay. For example, individuals employed at Daniels Memorial Healthcare Center spend a portion of their salary on goods and services produced in Daniels County, thus supporting jobs and income in those local businesses. Likewise, the hospital itself may purchase goods and services from local suppliers. These businesses and employees then spend a portion of their income on local goods and services, which in turn supports other local jobs and companies. Thus, the effect of one dollar of wages is multiplied as it circulates through the community.

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

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

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

Hospital Employment Multiplier = 1.24

Hospital Employee Compensation Multiplier = 1.21

Hospital Output Multiplier = 1.26

What do these numbers mean? The employment multiplier of 1.24 can be interpreted to mean that for every job Daniels Memorial Healthcare Center, another .24 jobs are supported in Daniels County. Another way to look at this is that if Daniels Memorial Healthcare Center suddenly went away, about 22 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 91). The employee compensation multiplier of 1.21 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 21 cents of wages and benefits are created in other local jobs in Daniels County. Put another way, if Daniels Memorial Healthcare Center suddenly went away, about \$601,618 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by Daniels Memorial Healthcare Center, output in the county increases by another 26 cents.

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

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

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