

Daniels County, Montana

Community Health Services Development Community Health Needs Assessment 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

March 2016



Office of Rural Health
Area Health
Education Center



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**Daniels Memorial Healthcare Center
Community Health Needs Assessment
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**Daniels Memorial Healthcare Center
Community Survey & Focus Groups
Summary Report
February 2016**

I. Introduction

Daniels Memorial Healthcare Center (DMHC) 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. DMHC provides medical services to the Daniels County population of approximately 1,791 people. DMHC participated in the Community Health Services Development (CHSD) process, a community health needs assessment, conducted by the Montana Office of Rural Health. Community involvement in steering committee meetings and focus groups enhanced the community's engagement in the assessment process.

In the winter of 2016, DMHC's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix D). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2016 survey data with data from previous surveys conducted in 2013. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

A Steering Committee was convened to assist DMHC in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in August 2015. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHNA 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 October 2015, surveys were mailed out to the residents in DMHC'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 plus reasons for selection
- Local healthcare provider usage
- Services preferred locally
- Perception and satisfaction of local healthcare

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.)

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

Information Gaps

Data

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

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 centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey or attend a focus group.

Survey Implementation

In October 2015, the community health services survey, a cover letter from the National Rural Health Resource Center with DMHC's Chief Executive Officer's signature on DMHC letterhead, and a postage paid reply envelope were mailed to 650 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that DMHC would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred fifty-two surveys were returned out of 650. Of those 650 surveys, 13 were returned undeliverable for a 24% response rate. From this point on, the total number of surveys will be out of 637. 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 5.93%.

IV. Survey Respondent Demographics

A total of 637 surveys were distributed amongst Daniels Memorial Healthcare Center's service area. One hundred and fifty-two were completed for a 24% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 31)

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

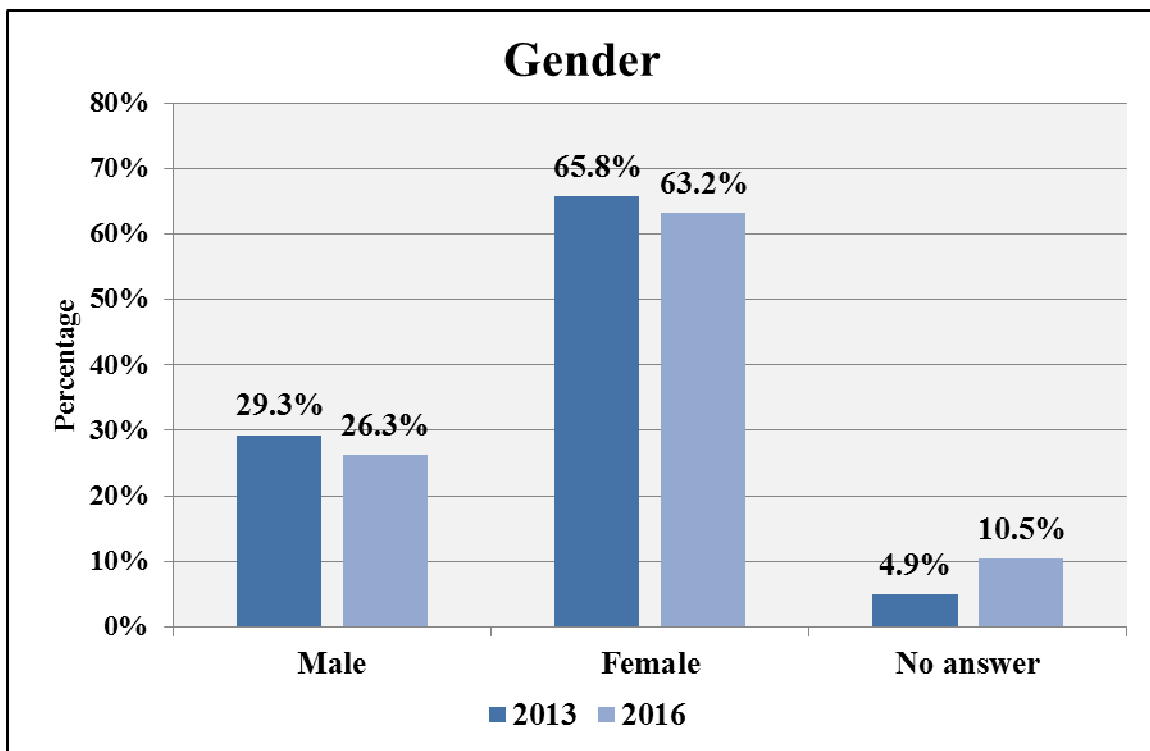
		2013		2016	
	Zip code	Count	Percent	Count	Percent
Scobey	59263	129	80.1%	128	85.9%
Flaxville	59222	11	6.8%	7	4.7%
Peerless	59253	12	7.5%	5	3.4%
Plentywood	59254	4	2.6%	3	2.0%
Opheim	59250	1	0.6%	3	2.0%
Poplar	59255	1	0.6%	2	1.3%
Whitetail	59276	0	0	1	0.7%
Outlook	59252	2	1.2%	0	0
Redstone	59257	1	0.6%	0	0
TOTAL		161	100%	149	100%

Gender (Question 32)

2016 N= 152

2013 N= 164

Of the 152 surveys returned, 63.2% (n=96) of survey respondents were female, 26.3% (n=40) were male, and 10.5% (n=16) 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 healthcare-oriented since women are frequently the healthcare decision makers for families.

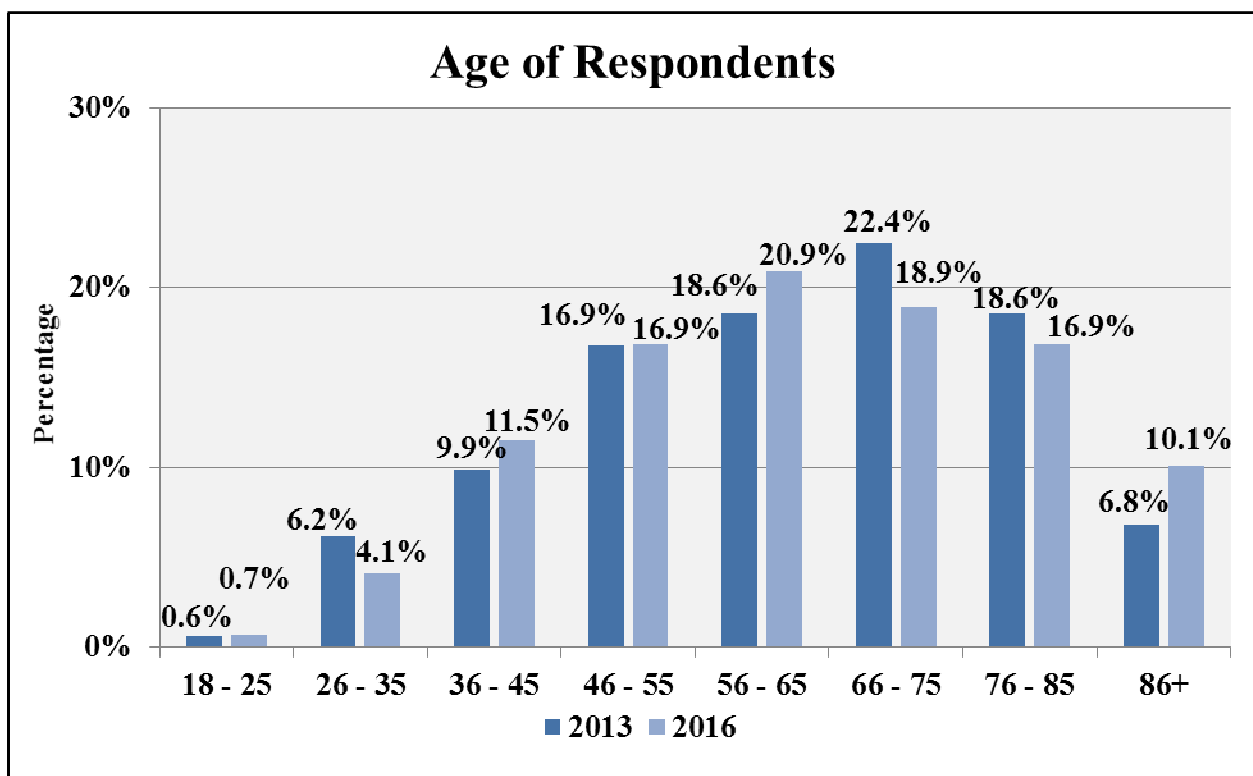


Age of Respondents (Question 32)

2016 N= 148

2013 N= 161

Twenty-one percent of respondents (n=31) were between the ages of 56-65. Nineteen percent of respondents (n=28) were between the ages of 66-75 and 16.9% of respondents (n=25 each) were between the ages of 46-55 and 76-85. This statistic is comparable to other Critical Access Hospital (CAH) demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and therefore, are more likely to respond to healthcare surveys, as reflected by this graph.

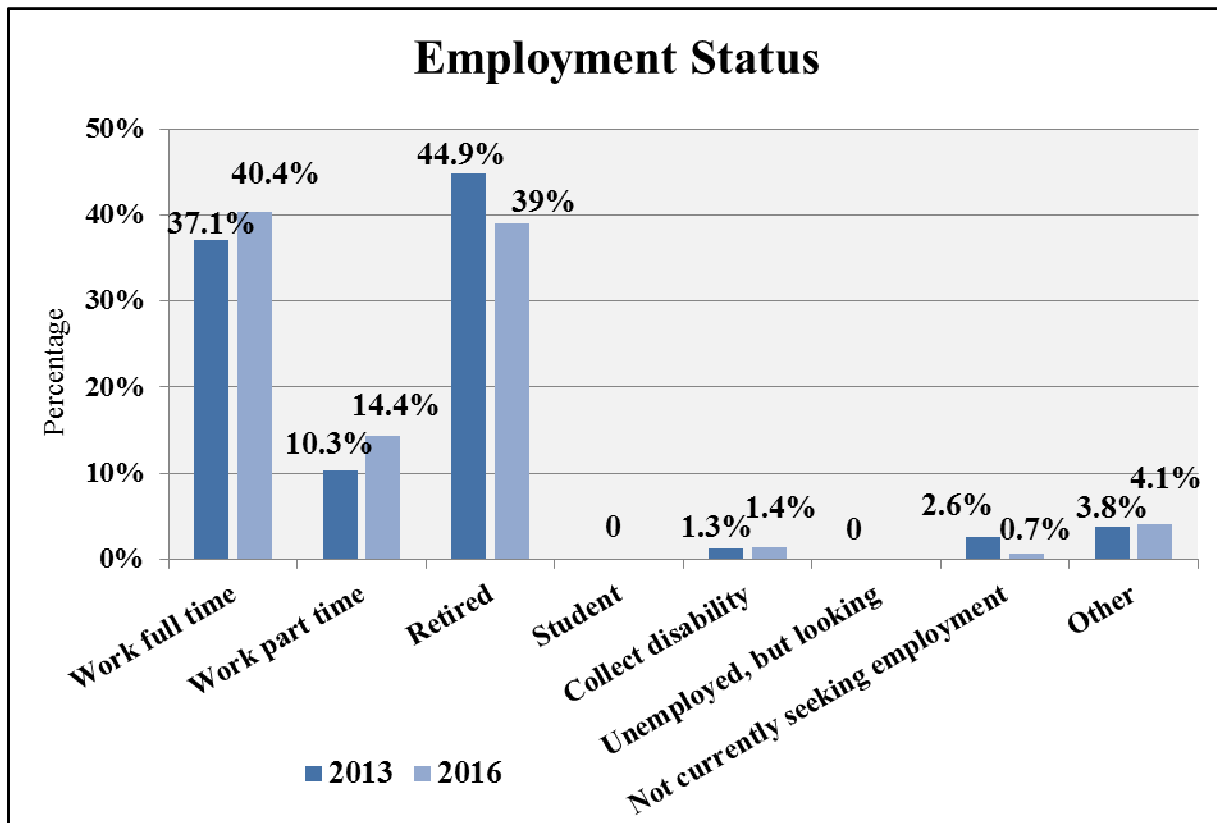


Employment Status (Question 34)

2016 N= 146

2013 N= 156

Forty percent (n=59) of respondents reported working full time while 39% (n=57) are retired. Fourteen percent of respondents (n=21) indicated they work part time. Respondents could select all that apply so percentages do not equal 100%.



“Other” comments:

- Self-employed (2)

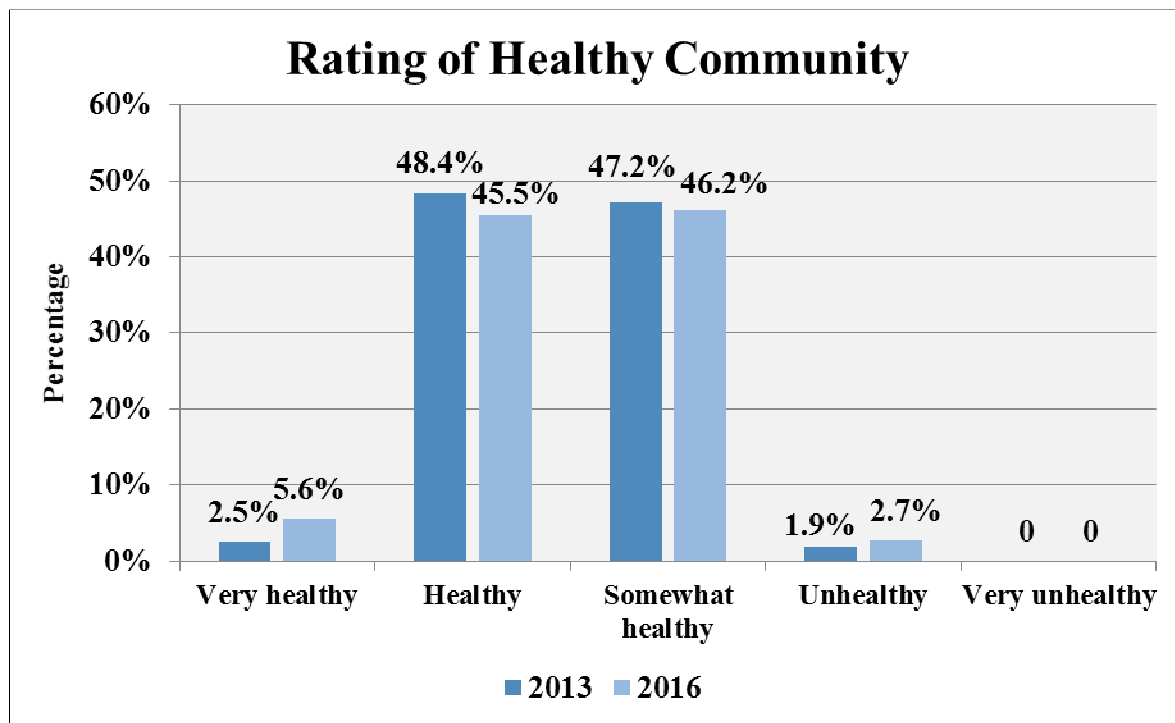
V. Survey Findings – Community Health

Impression of Community (Question 1)

2016 N= 143

2013 N= 159

Respondents were asked to indicate how they would rate the general health of their community. Forty-six percent of respondents (n=66) rated their community as “Somewhat healthy” and 45.5% of respondents (n=65) felt their community was “Healthy.” Four people (or 2.7% of respondents) rated their community as “Unhealthy” and no respondents indicated their impression as being “Very unhealthy.”



“Other” comments:

- Don’t know

Health Concerns for Community (Question 2)

2016 N= 152

2013 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 67.8% (n=103). “Alcohol abuse/substance abuse” was also a high priority at 38.8% (n=59) and “Heart disease” at 35.5% (n=54). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2013		2016	
	Count	Percent	Count	Percent
Cancer	116	70.7%	103	67.8%
Alcohol abuse/substance abuse	71	43.3%	59	38.8%
Heart disease¹	87	53.0%	54	35.5%
Depression/anxiety ²	18	11.0%	38	25.0%
Overweight/obesity	51	31.1%	37	24.3%
Diabetes	33	20.1%	31	20.4%
Stroke ³	9	5.5%	20	13.2%
Tobacco use	19	11.6%	18	11.8%
Lack of exercise	15	9.1%	15	9.9%
Lack of access to healthcare	9	5.5%	14	9.2%
Mental health issues	8	4.9%	14	9.2%
Work/economic stress	6	3.7%	12	7.9%
Work related accidents/injuries	4	2.4%	5	3.3%
Lack of dental care	1	0.6%	2	1.3%
Motor vehicle accidents	7	4.3%	2	1.3%
Child abuse/neglect	1	0.6%	1	0.7%
Domestic violence	3	1.8%	0	0
Recreation related accidents/injuries	4	2.4%	0	0
Other	7	4.3%	3	2.0%

¹Significantly fewer 2016 respondents listed heart disease as a serious health concern than in 2013.

²Significantly more 2016 respondents cited depression/anxiety as a serious health concern than in 2013.

³Significantly more respondents cited stroke as a serious health concern in 2016 versus 2013.

“Other” comments:

- Don’t know
- MS [Multiple Sclerosis]

Components of a Healthy Community (Question 3)

2016 N= 152

2013 N= 164

Respondents were asked to identify the three most important things for a healthy community. Seventy-two percent of respondents (n=110) indicated that “Access to healthcare and other services” is important for a healthy community. “Healthy behaviors and lifestyles” was the second most indicated component at 34.2% (n=52) and the third most selected option was “Strong family life” at 32.2% (n=49). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

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

¹Significantly fewer 2016 respondents indicated ‘low crime/safe neighborhoods’ was important for a healthy community than in 2013.

²Significantly more 2016 respondents indicated ‘low death and disease rates’ as an important component for a healthy community than in 2013.

“Other” comments:

- Good nutrition/organic food (2)
- Good healthcare provider
- Healthy national economy
- [Selected ‘Clean environment’ option] Does this include clean water? Germ free?
- Wanted to check them all

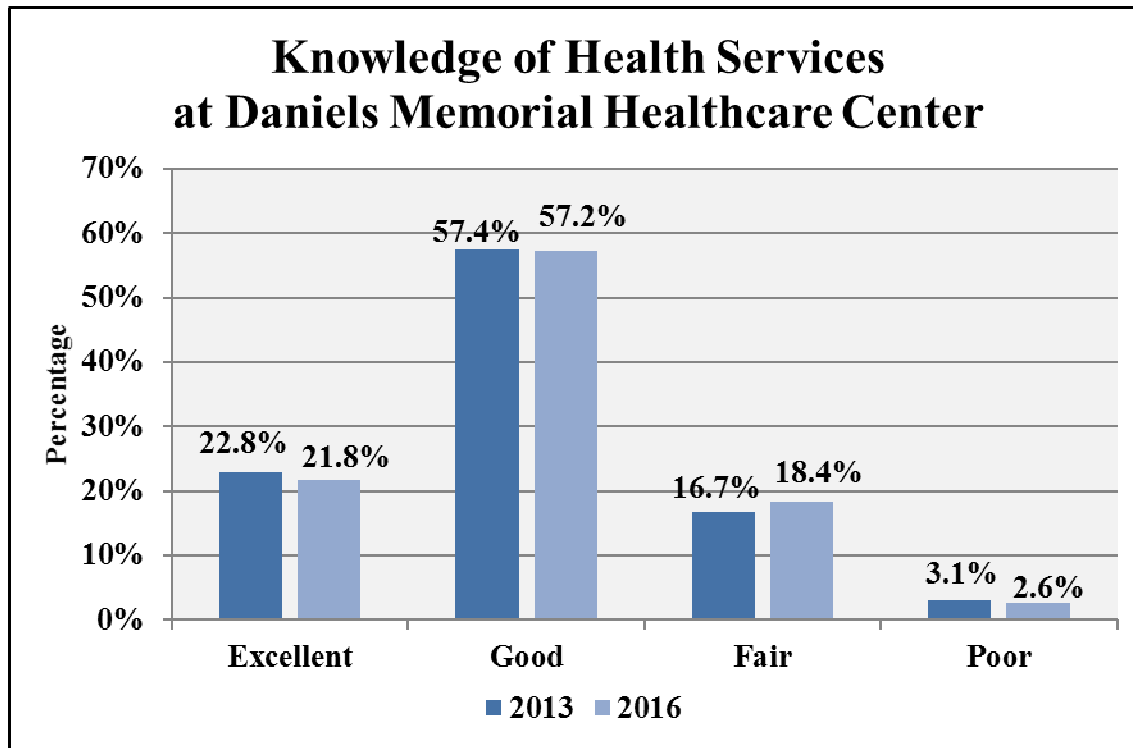
Survey Findings – Awareness of Services

Overall Awareness of Health Services (Question 4)

2016 N= 152

2013 N= 162

Respondents were asked to rate their knowledge of the health services available at Daniels Memorial Healthcare Center. Fifty-seven percent (n=87) of respondents rated their knowledge of health services as “Good.” Twenty-two percent (n=33) rated their knowledge as “Excellent” and 18.4% of respondents (n=28) rated their knowledge as “Fair.”



How Respondents Learn of Healthcare Services (Question 5)

2016 N= 152

2013 N= 164

The most frequent method of learning about available services was “friends/family” at 70.4% (n=107). “Word of mouth/reputation” was the second most frequent response at 67.1% (n=102) and “Newspaper” was reported at 57.9% (n=88). Respondents could select more than one method so percentages do not equal 100%.

	2013		2016	
Method	Count	Percent	Count	Percent
Friends/family	104	63.4%	107	70.4%
Word of mouth/reputation	111	67.7%	102	67.1%
Newspaper	91	55.5%	88	57.9%
Healthcare provider	85	51.8%	79	52.0%
Radio	33	20.1%	34	22.4%
Mailings/newsletter	37	22.6%	28	18.4%
Social media	Not asked in 2013		17	11.2%
Public health	13	7.9%	15	9.9%
Presentations	2	1.2%	6	3.9%
Website/internet	6	3.7%	4	2.6%
Other	2	1.2%	4	2.6%

“Other” comments:

- Long-time resident (2)
- Personal knowledge
- Personal responsibility maintained with proper diet and staying active

Cross Tabulation of Service Knowledge and Learning about Services

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

KNOWLEDGE RATING OF DMHC SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Friends/family	25 (23.4%)	59 (55.1%)	20 (18.7%)	3 (2.8%)	107
Healthcare provider	24 (30.4%)	42 (53.2%)	11 (13.9%)	2 (2.5%)	79
Mailings/newsletter	9 (32.1%)	15 (53.6%)	4 (14.3%)		28
Newspaper	17 (19.3%)	52 (59.1%)	16 (18.2%)	3 (3.4%)	88
Presentations	2 (33.3%)	4 (66.7%)			6
Public Health	4 (26.7%)	11 (73.3%)			15
Radio	8 (23.5%)	19 (55.9%)	5 (14.7%)	2 (5.9%)	34
Social media	4 (23.5%)	12 (70.6%)	1 (5.9%)		17
Word of mouth/reputation	24 (23.5%)	56 (54.9%)	19 (18.7%)	3 (2.9%)	102
Website/internet	1 (25%)	3 (75%)			4
Other	2 (50%)	1 (25%)	1 (25%)		4

Improvement for Community's Access to Healthcare (Question 6)

2016 N= 152

2013 N= 164

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Thirty-four percent of respondents (n=51) reported that "More specialists" would make the greatest improvement. Twenty-eight percent of respondents (n=43) indicated they would like "More primary care providers" and 27% (n=41) indicated that "Improved quality of care" would improve the community's access to care. Respondents could select more than one method so percentages do not equal 100%.

Improvement	2013		2016	
	Count	Percent	Count	Percent
More specialists	57	34.8%	51	33.6%
More primary care providers	56	34.1%	43	28.3%
Improved quality of care	34	20.7%	41	27.0%
Telemedicine	35	21.3%	30	19.7%
Outpatient services expanded hours	37	22.6%	23	15.1%
Greater health education services	29	17.7%	22	14.5%
Transportation assistance	13	7.9%	21	13.8%
Cultural sensitivity	2	1.2%	4	2.6%
Interpreter services	4	2.4%	0	0
Other	5	3.0%	10	6.6%

"Other" comments:

- Full time doc (2)
- Clinicians call me
- Urgent care
- It is adequate

Interest in Educational Classes/Programs (Question 7)

2016 N= 152

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated classes/programs were “Fitness” and “Women’s health” with each option having been selected by 25.7% of respondents (n=39 each) followed by “Health and wellness” by 22.4% (n=34). Respondents could select more than one method so percentages do not equal 100%.

Educational Class/Program	Count	Percent
Fitness	39	25.7%
Women’s health	39	25.7%
Health and wellness	34	22.4%
Weight loss	31	20.4%
Nutrition	25	16.4%
Heart disease	23	15.1%
Men’s health	23	15.1%
Cancer	22	14.5%
Alzheimer’s	20	13.2%
Living will	19	12.5%
Support groups	19	12.5%
First aid/CPR	17	11.2%
Diabetes	16	10.5%
Mental health	15	9.9%
Alcohol/substance abuse	10	6.6%
Grief counseling	9	5.9%
Parenting	6	3.9%
Smoking cessation	5	3.3%
Prenatal	2	1.3%
Other	3	2.0%

“Other” comments:

- *[selected ‘Alzheimer’s’ option]* I have an uncle who suffers from this. I’d like to know more
- Autism. I have a neighbor who suffers from this
- Most of these are offered at one time or another
- None

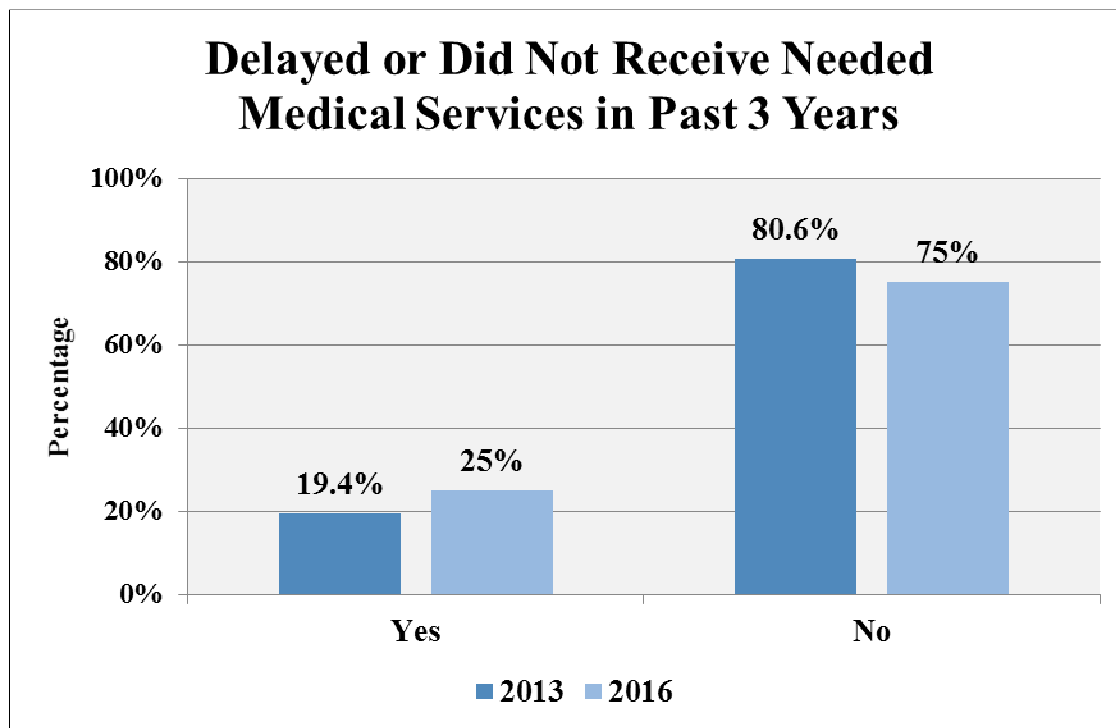
Survey Findings – Use of Healthcare Services

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

2016 N= 136

2013 N= 155

Twenty-five percent of respondents (n=34) reported that they or a member of their household thought they needed healthcare services but did not get, or had to delay, getting services. Seventy-five percent of respondents (n=102) felt they were able to get the healthcare services they needed without delay.



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

2016 N= 34

2013 N= 30

For those who indicated they were unable to receive or had to delay services (n=34), the reasons most cited were: “It costs too much” (41.2%, n=14), “Don’t like doctors” (38.2%, n=13), and “Could not get an appointment” (23.5%, n=8). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
It costs too much	11	36.7%	14	41.2%
Don’t like doctors	7	23.3%	13	38.2%
Could not get an appointment	2	6.7%	8	23.5%
Not treated with respect	7	23.3%	6	17.6%
Too long to wait for an appointment	11	36.7%	6	17.6%
It was too far to go	2	6.7%	5	14.7%
No insurance	4	13.3%	5	14.7%
Didn’t know where to go	1	3.3%	4	11.8%
Too nervous or afraid	7	23.3%	4	11.8%
My insurance didn’t cover it	6	20.0%	3	8.8%
Unsure if services were available	5	16.7%	3	8.8%
Office wasn’t open when I could go	2	6.7%	2	5.9%
Had no one to care for the children	0	0	1	2.9%
Could not get off work	3	10.0%	0	0
Transportation problems	2	6.7%	0	0
Language barrier	0	0	0	0
Other	3	10.0%	7	20.6%

“Other” comments:

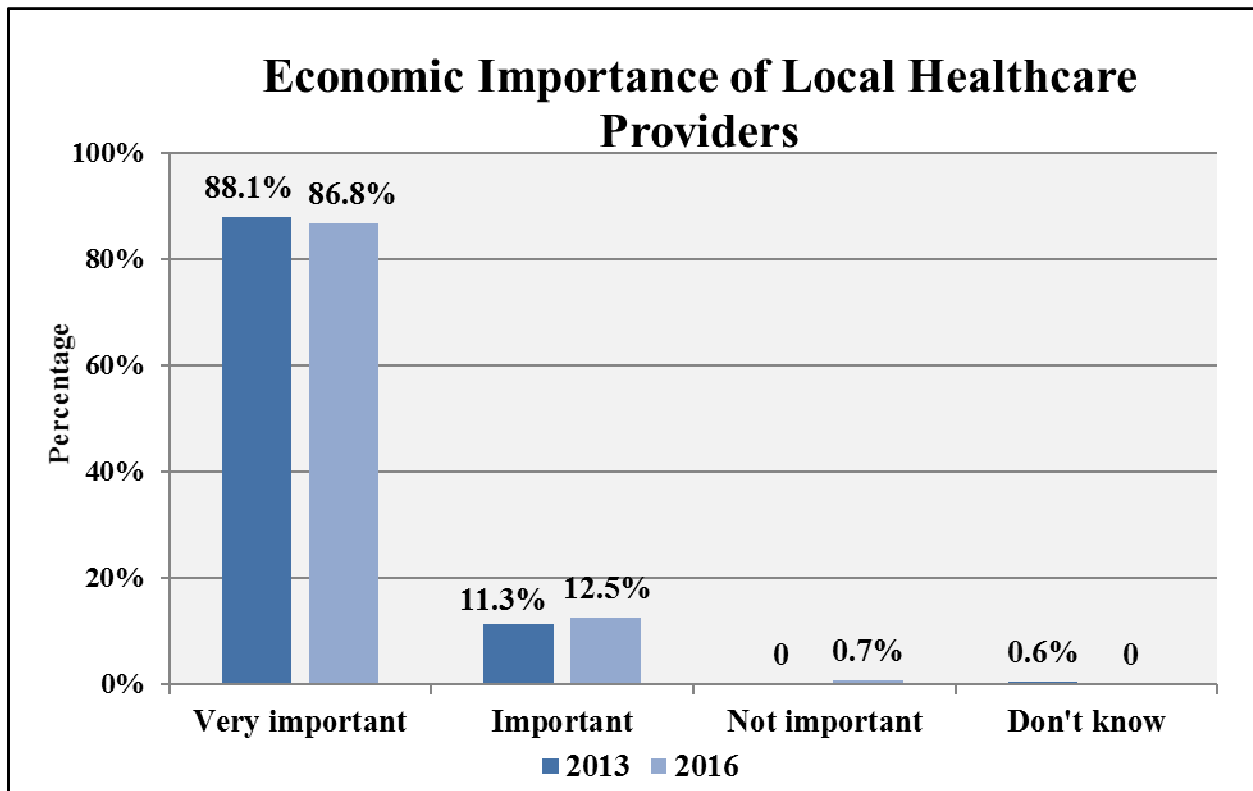
- Scheduling was an issue

Economic Importance of Local Healthcare Providers and Services (Question 10)

2016 N=152

2013 N=160

The majority of respondents (86.8%, n=132) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Thirteen percent of respondents (n=19) indicated they are “Important” and one respondent, or 0.7% indicated that they are “Not important.”

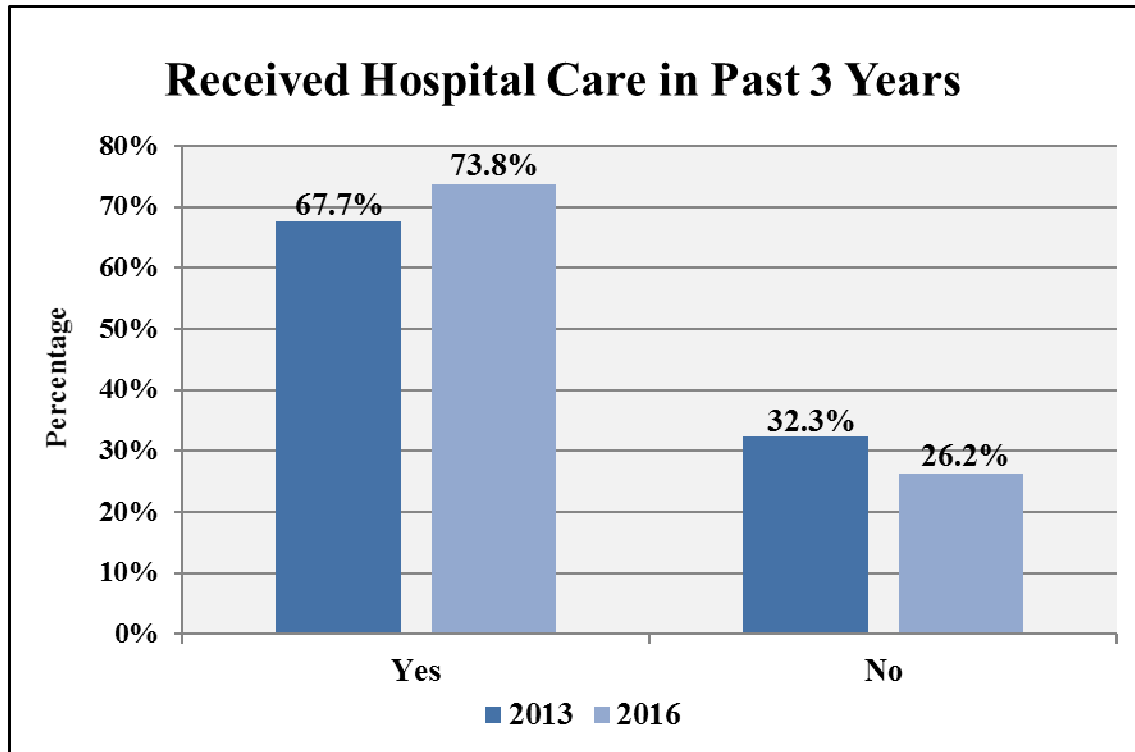


Hospital Care Received in the Past Three Years (Question 11)

2016 N= 152

2013 N= 164

Seventy-four percent of respondents (n=110) reported that they or a member of their family had received hospital care during the previous three years and 26.2% (n=39) indicated they had not.



Hospital Used Most in the Past Three Years (Question 12)

2016 N= 98

2013 N= 89

Of the 110 respondents who indicated receiving hospital care in the previous three years, 46.9% (n=46) reported receiving care in Scobey, Montana. Twenty one percent of respondents (n=20) went to Billings for care and 12.3% of respondents (n=12) utilized services in Glasgow. Twelve of the 110 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2013		2016	
	Count	Percent	Count	Percent
Scobey	43	48.3%	46	46.9%
Billings	18	20.2%	20	20.5%
Glasgow	4	4.5%	12	12.3%
Plentywood	8	9.0%	11	11.2%
Williston, ND	5	5.6%	3	3.1%
VA	0	0	2	2.0%
Minot, ND	0	0	1	1.0%
Great Falls	4	4.5%	1	1.0%
Wolf Point	Not asked in 2013		1	1.0%
Sidney	4	4.5%	0	0
Other	3	3.4%	1	1.0%
TOTAL	89	100%	98	100%

“Other” comments:

- Minneapolis, MN
- Mayo Clinic

Reasons for Selecting the Hospital Used (Question 13)

2016 N= 110

2013 N= 105

Of the 110 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 55.5% (n=61). “Prior experience with hospital” was selected by 52.7% of the respondents (n=58) and 33.6% (n=37) 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	2013		2016	
	Count	Percent	Count	Percent
Closest to home	58	55.2%	61	55.5%
Prior experience with hospital	55	52.4%	58	52.7%
Referred by physician	48	45.7%	37	33.6%
Emergency, no choice	36	34.3%	36	32.7%
Hospital’s reputation for quality	31	29.5%	32	29.1%
Recommended by family/friends ¹	5	4.8%	16	14.5%
Closest to work	6	5.7%	8	7.3%
VA/Military requirement	4	3.8%	5	4.5%
Cost of care	0	0	3	2.7%
Required by insurance plan	2	1.9%	1	0.9%
Other	3	2.9%	10	9.1%

¹Significantly more 2016 respondents selected a hospital based on a family or friend’s recommendation than in 2013.

“Other” comments:

- Treatments not available here (4)
- Like specific doctor (2)
- Needed specialist services (2)
- Good doctors
- Long-time doctor
- Privacy

Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years with where they live by zip code. The chart below shows the results of the cross tabulation. Hospital location is across the top of the table and residents' zip codes are along the side. Sidney, MT was eliminated as a hospital location from this table due to non-selection.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Scobey, MT	Glasgow, MT	Minot, ND	Billings, MT	Williston, ND	Great Falls, MT	Plentywood, MT	VA	Wolf Point, MT	Other	Total
Scobey 59263	40 (48.8%)	9 (11%)		20 (24.4%)	1 (1.2%)	1 (1.2%)	7 (8.6%)	2 (2.4%)	1 (1.2%)	1 (1.2%)	82
Whitetail 59276	1 (100%)										1
Poplar 59255											0
Flaxville 59222	4 (57.1%)				1 (14.3%)		2 (28.6%)				7
Plentywood 59254			1 (33.3%)		1 (33.3%)		1 (33.3%)				3
Opheim 59250		3 (100%)									3
Peerless 59253	1 (50%)						1 (50%)				2
Wolf Point 59201											0
Outlook 59252											0
Redstone 59257											0
TOTAL	46 (46.9%)	12 (12.2%)	1 (1%)	20 (20.4%)	3 (3.1%)	1 (1%)	11 (11.2%)	2 (2%)	1 (1%)	1 (1%)	98

Cross Tabulation of Hospital and Reason Selected

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

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

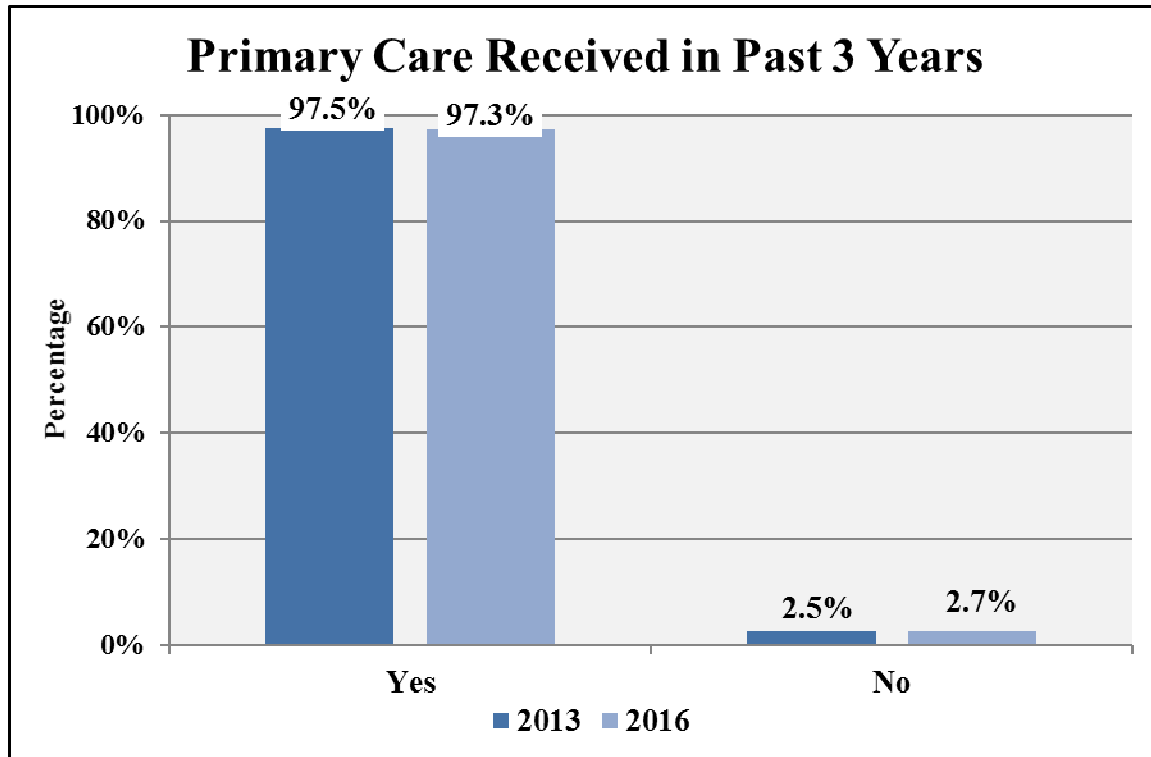
	Scobey, MT	Glasgow, MT	Minot, ND	Billings, MT	Williston, ND	Great Falls, MT	Plentywood, MT	VA	Wolf Point, MT	Other	Total
Closest to home	46 (82.0%)	3 (5.4%)	1 (1.8%)	1 (1.8%)	2 (3.6%)		3 (5.4%)				56
Closest to work	7 (87.5%)						1 (12.5%)				8
Cost of care								2 (100%)			2
Emergency, no choice	24 (70.6%)	1 (2.9%)		9 (26.5%)							34
Hospital's reputation for quality	9 (32.1%)	3 (10.7%)	1 (3.6%)	8 (28.6%)		1 (3.6%)	6 (21.4%)				28
Prior experience with hospital	20 (39.2%)	7 (13.7%)		12 (23.5%)	1 (2%)	1 (2%)	10 (19.6%)				51
Recommended by family or friends	4 (30.7%)	3 (23.1%)	1 (7.7%)	2 (15.4%)			3 (23.1%)				13
Referred by physician	4 (13.3%)	6 (20%)		13 (43.3%)	1 (3.3%)	1 (3.3%)	3 (10%)	1 (3.3%)		1 (3.3%)	30
Required by insurance plan				1 (100%)							1
VA/Military requirement				1 (33.3%)				2 (66.7%)			3
Other		3 (33.3%)		2 (22.2%)	1 (11.1%)		2 (22.2%)		1 (11.1%)		9

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

2016 N= 147

2013 N= 158

Ninety-seven percent of respondents (n=143) 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 healthcare services in the past three years. Three percent of respondents (n=4) had not seen a primary care provider.



Location of Primary Care Provider (Question 15)

2016 N=132

2013 N=139

Of the 143 respondents who indicated receiving primary care services in the previous three years, 78% (n=103) reported receiving care at Daniels Memorial Healthcare Center in Scobey. Eleven percent of respondents (n=15) received care at Sheridan Memorial in Plentywood. Eleven of the 143 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Clinic Location	2013		2016	
	Count	Percent	Count	Percent
Daniels Memorial Healthcare Center, Scobey	103	74.1%	103	78.0%
Sheridan Memorial, Plentywood	17	12.2%	15	11.4%
Frances Mahon Deaconess, Glasgow	7	5.0%	5	3.8%
Northeast MT Health Services (Wolf Point, Poplar)	0	0	2	1.5%
VA	1	0.7%	1	0.8%
IHS	0	0	0	0
Other	11	7.9%	6	4.5%
TOTAL	139	100 %	132	100 %

“Other” comments:

- Billings (4)
- Sidney (2)
- Minot, Bismarck
- Minneapolis, MN
- Great Plains Women’s Health
- Miles City

Reasons for Selection of Primary Care Provider (Question 16)

2016 N= 143

2013 N= 154

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” (65.7%, n=94) was the most frequently cited factor in primary care provider selection followed by “Prior experience with clinic” at 51.7% (n=74). The third most selected response was “Appointment availability” at 41.3% (n=59). Respondents were asked to select all that apply so the percentages do not equal 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
Closest to home	105	68.2%	94	65.7%
Prior experience with clinic	87	56.5%	74	51.7%
Appointment availability¹	44	28.6%	59	41.3%
Clinic’s reputation for quality	41	26.6%	36	25.2%
Recommended by family or friends	16	10.4%	18	12.6%
Privacy/confidentiality	16	10.4%	17	11.9%
Length of waiting room time	11	7.1%	10	7.0%
Referred by physician or other provider	10	6.5%	5	3.5%
VA/Military requirement	3	1.9%	3	2.1%
Cost of care	2	1.3%	2	1.4%
Indian Health Services	1	0.6%	0	0
Required by insurance plan	1	0.6%	0	0
Other	10	6.5%	16	11.2%

¹Significantly more respondents selected a primary care clinic based on appointment availability in 2016 than in 2013.

“Other” comments:

- Personal preference (10)
- Better doctors (3)
- No other choice without lengthy travel (2)
- Needed service available

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Daniels Memorial Healthcare Center	Northeast MT Health Services (Wolf Point & Poplar)	VA	Sheridan Memorial	Frances Mahon Deaconess	Other	Total
Scobey 59263	94 (86.2%)		1 (0.9%)	8 (7.3%)	1 (0.9%)	5 (4.7%)	109
Whitetail 59276	1 (100%)						1
Poplar 59255				1 (50%)	1 (50%)		2
Flaxville 59222	5 (71.4%)			2 (28.6%)			7
Plentywood 59254	1 (50%)			1 (50%)			2
Opheim 59250		1 (33.3%)			2 (66.7%)		3
Peerless 59253	2 (40%)	1 (20%)		1 (20%)		1 (20%)	5
Wolf Point 59201							0
Outlook 59252							0
Redstone 59257							0
TOTAL	103 (79.8%)	2 (1.6%)	1 (0.8%)	13 (10.1%)	4 (3.1%)	6 (4.7%)	129

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Daniels Memorial Healthcare Center	Northeast MT Health Services (Wolf Point & Poplar)	VA	Sheridan Memorial	Frances Mahon Deaconess	Other	Total
Appointment availability	49 (86%)	1 (1.7%)		3 (5.3%)	3 (5.3%)	1 (1.7%)	57
Clinic's reputation for quality	22 (64.7%)			8 (23.6%)	1 (2.9%)	3 (8.8%)	34
Closest to home	82 (92.1%)			1 (1.1%)	5 (5.7%)	1 (1.1%)	89
Cost of care					1 (50%)	1 (50%)	2
Indian Health Services							0
Length of waiting room time	7 (77.8%)				2 (22.2%)		9
Prior experience with clinic	51 (75%)			8 (11.8%)	3 (4.4%)	6 (8.8%)	68
Privacy/ confidentiality	7 (50.1%)	1 (7.1%)		3 (21.4%)	1 (7.1%)	2 (14.3%)	14
Recommended by family or friends	10 (55.6%)			6 (33.3%)		2 (11.1%)	18
Referred by physician or other provider	3 (60%)			1 (20%)		1 (20%)	5
Required by insurance plan							
VA/Military requirement	1 (50%)		1 (50%)				2
Other	9 (60%)			6 (40%)			15

Utilization of Preventative Services (Question 17)

2016 N=152

2013 N=164

Respondents were asked if they had utilized any of the preventative services listed. “Flu shot” was selected by 60.5% of respondents (n=92). Fifty-two percent of respondents (n=79) indicated they had a “Cholesterol check” and 51.3% of respondents (n=78) had a “Routine blood pressure check.” Respondents could select all that apply, thus the percentages do not equal 100%.

Preventative Service	2013		2016	
	Count	Percent	Count	Percent
Flu shot	96	58.5%	92	60.5%
Cholesterol check (yearly)	95	57.9%	79	52.0%
Routine blood pressure check (yearly)¹	105	64.0%	78	51.3%
Routine health checkup (yearly)	85	51.8%	73	48.0%
Mammography	64	39.0%	49	32.2%
Colonoscopy (every 5-10 years)	49	29.9%	47	30.9%
Pap smear (every 3-5 years)	53	32.3%	43	28.3%
None	Not asked in 2013		12	7.9%
Children's checkup/Well baby	17	10.4%	10	6.6%
Other	6	3.7%	5	3.3%

¹Significantly fewer 2016 respondents had a routine blood pressure check in the past year than in 2013.

“Other” comments:

- Prescription renewal
- Immunization
- A1C
- Annual bloodwork
- Pneumonia
- Stress-related

Reasons for NOT Utilizing Preventative Health Services (Question 18)

2016 N= 152

2013 N= 164

Respondents were asked to indicate reasons why they had not utilized preventative health services. (n=41), the reasons most cited were: “It costs too much” (36.6%, n=15), “It was too far to go” (29.3%, n=12), and “Office wasn’t open when I could go” (24.4%, n=10). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
It costs too much	11	6.7%	13	8.6%
Don’t like doctors	11	6.7%	7	4.6%
Not treated with respect	9	5.5%	6	3.9%
My insurance didn’t cover it	3	1.8%	4	2.6%
No insurance	5	3.0%	4	2.6%
Unsure if services were available	5	3.0%	4	2.6%
It was too far to go	4	2.4%	3	2.0%
Transportation problems	2	1.2%	3	2.0%
Could not get an appointment	0	0	2	1.3%
Could not get off work	4	2.4%	2	1.3%
Too long to wait for an appointment	1	0.6%	2	1.3%
Had no one to care for the children	0	0	1	0.7%
Too nervous or afraid ¹	9	5.5%	1	0.7%
Didn’t know where to go	1	0.6%	0	0
Language barrier	0	0	0	0
Office wasn't open when I could go	0	0	0	0
Other	15	9.1%	8	5.3%

¹Significantly fewer 2016 respondents felt nervous or afraid about seeking preventative health services than in 2013.

“Other” comments:

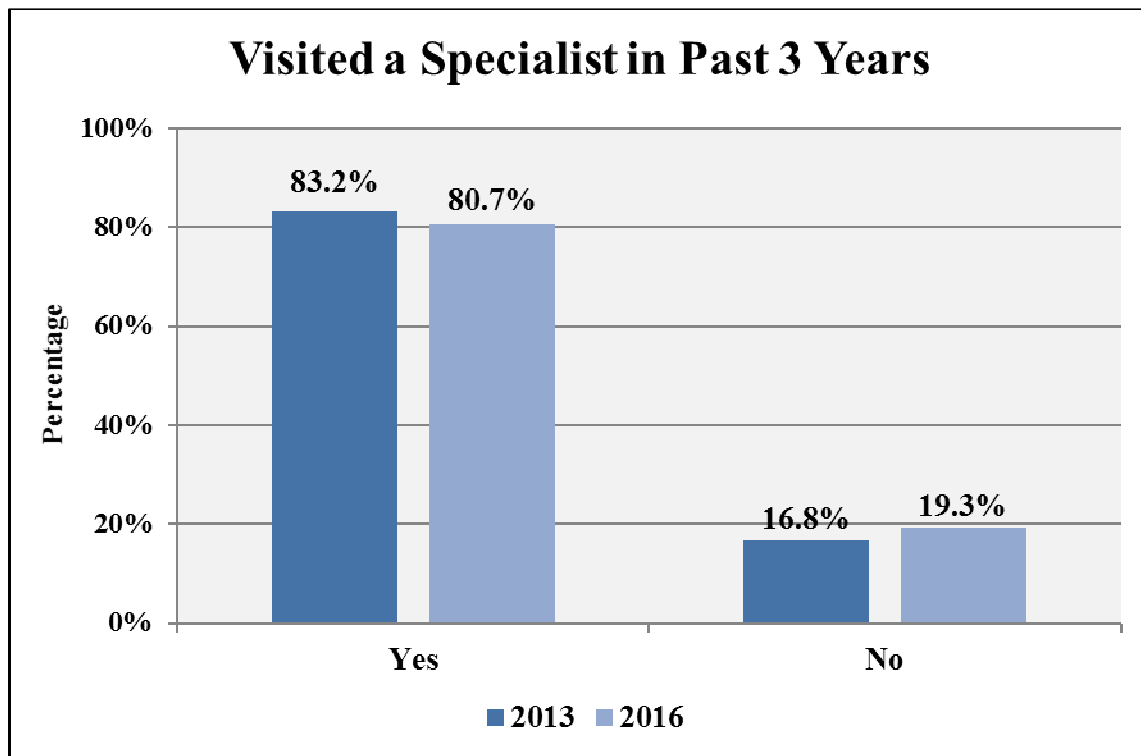
- Not needed/Do not want (3)
- Services not available
- I maintain my own health
- No need for children’s checkups, our children are grown
- Takes too long to get bills submitted for insurance

Use of Healthcare Specialists during the Past Three Years (Question 19)

2016 N= 145

2013 N= 149

Eighty-one percent of respondents (n=117) indicated they or a household member had seen a healthcare specialist during the past three years and 19.3% (n=28) indicated they had not.



Type of Healthcare Specialist Seen (Question 20)

2016 N= 117

2013 N= 124

The respondents (n=117) saw a wide array of healthcare specialists in the past three years. The most frequently utilized specialist was a “Dentist” with 63.2% of respondents (n=74) followed by “Optometrist” (42.7%; n=50) and “Chiropractor” (33.3%; n=39). Respondents were asked to choose all that apply so percentages do not equal 100%. Geriatrician was removed as it was not utilized in either 2013 or 2016.

Health Care Specialist	2013		2016	
	Count	Percent	Count	Percent
Dentist¹	61	49.2%	74	63.2%
Optometrist	47	37.9%	50	42.7%
Chiropractor²	19	15.3%	39	33.3%
Physical therapist	27	21.8%	35	29.9%
Cardiologist	31	25.0%	34	29.1%
Orthopedic surgeon	38	30.6%	31	26.5%
Dermatologist	22	17.7%	30	25.6%
Radiologist	20	16.1%	24	20.5%
OB/GYN	20	16.1%	19	16.2%
General surgeon	18	14.5%	17	14.5%
Urologist	10	8.1%	16	13.7%
ENT (ear/nose/throat)	17	13.7%	15	12.8%
Ophthalmologist	18	14.5%	15	12.8%
Endocrinologist	8	6.5%	10	8.5%
Neurologist	13	10.5%	10	8.5%
Podiatrist	8	6.5%	10	8.5%
Gastroenterologist	12	9.7%	9	7.7%
Oncologist	11	8.9%	9	7.7%
Neurosurgeon	7	5.6%	6	5.1%
Rheumatologist	4	3.2%	6	5.1%
Occupational therapist	3	2.4%	5	4.3%
Pulmonologist	10	8.1%	5	4.3%
Allergist	5	4.0%	4	3.4%
Pediatrician	8	6.5%	4	3.4%
Speech therapist	Not asked in 2013		3	2.6%
Dietician	4	3.2%	2	1.7%
Mental health counselor	2	1.6%	1	0.9%
Psychiatrist (M.D.)	1	0.8%	1	0.9%
Psychologist	Not asked in 2013		1	0.9%
Geriatrician	Not asked in 2013		0	0

Health Care Specialist	2013		2016	
	Count	Percent	Count	Percent
Social worker ³	4	3.2%	0	0
Substance abuse counselor	Not asked in 2013		0	0
Other	2	1.6%	4	3.4%

¹Significantly fewer respondents utilized specialty services from a dentist in 2016 than in 2013.

²Significantly more respondents utilized specialty services from a chiropractor in 2016 than in 2013.

³In 2016, significantly fewer respondents utilized specialty services from a social worker than in 2013.

“Other” comments:

- Heart surgeon
- Surgeon
- Naturopath

Location of Healthcare Specialist (Question 21)

2016 N= 117

2013 N= 124

Of the 117 respondents who indicated they saw a healthcare specialist in the past three years, 72.6% (n=85) saw one in Billings. Specialty services in Scobey were utilized by 47.9% (n=56) of respondents and 37.6% (n=44) utilized specialty services in Glasgow. Respondents could select more than one location; therefore percentages do not equal 100%.

Location	2013		2016	
	Count	Percent	Count	Percent
Billings, MT¹	74	59.7%	85	72.6%
Scobey, MT	45	36.3%	56	47.9%
Glasgow, MT²	29	23.4%	44	37.6%
Williston, ND ³	38	30.6%	20	17.1%
Sidney, MT	23	18.5%	18	15.4%
Plentywood, MT	22	17.7%	14	12.0%
VA	4	3.2%	6	5.1%
Wolf Point, MT	Not asked in 2013		6	5.1%
Great Falls, MT	9	7.3%	5	4.3%
Minot, ND	3	2.4%	3	2.6%
Other	14	11.3%	11	9.4%

¹In 2016, significantly more respondents saw a specialist in Billings, MT than in 2013.

²Significantly more respondents saw a specialist in Glasgow, MT in 2016 than in 2013.

³In 2016, significantly fewer respondents saw a specialist in Williston, ND than in 2013.

“Other” comments:

- Bozeman
- Mesa, Arizona
- Mayo Clinic Rochester, MN

Overall Quality of Care at Daniels Memorial Healthcare Center (Question 22)

Respondents were asked to rate a variety of aspects of the overall care provided at Daniels Memorial Healthcare Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and “Don’t know.” The sums of the average scores were then calculated with “Laboratory” receiving the top average score of 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.”

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

Question 22 continued...

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

Desired Local Healthcare Services (Question 23)

2016 N= 152

2011 N= 164

Respondents were asked to indicate which healthcare professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “Assisted living” services available with 28.3% (n=43) followed by “MRI” with 21.7% (n=33), and “on-site Mammography” 18.4% (n=28). Respondents were asked to select all that apply so percentages do not equal 100%.

Service	2013		2016	
	Count	Percent	Count	Percent
Assisted living¹	31	18.9%	43	28.3%
MRI	34	20.7%	33	21.7%
Mammography (on-site)²	16	9.8%	28	18.4%
Hospice/end of life services	21	12.8%	27	17.8%
Pain management	16	9.8%	22	14.5%
Personal care services	Not asked in 2013		16	10.5%
Cardiac rehabilitation	14	8.5%	15	9.9%
Mental health	12	7.3%	11	7.2%
VA Telemedicine	11	6.7%	7	4.6%
Family planning	7	4.3%	3	2.0%
Tobacco treatment/cessation	6	3.7%	2	1.3%
Other	2	1.2%	5	3.3%

¹In 2016, significantly more respondents indicated they are interested in having an assisted living facility available locally than in 2013.

²Significantly more 2016 respondents indicated they are interested in having on-site mammography available locally than in 2013.

“Other” comments:

- None
- Alzheimer’s unit

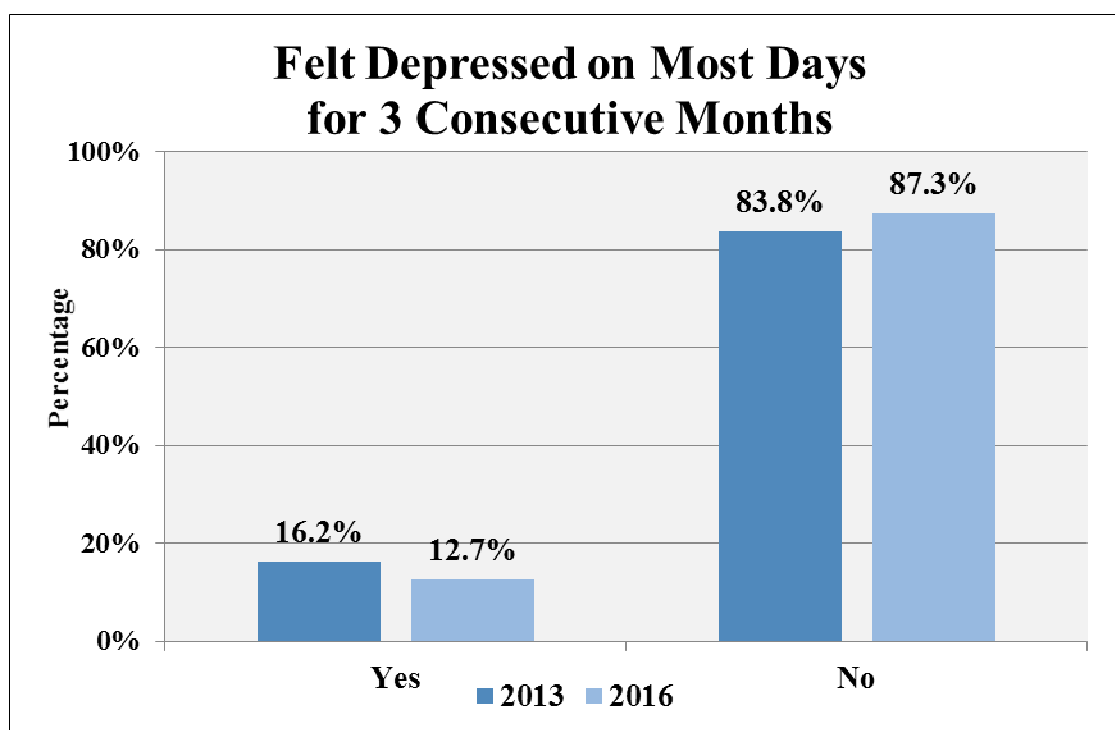
Survey Findings – Personal Health

Prevalence of Depression (Question 24)

2016 N= 142

2013 N= 154

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Thirteen percent of respondents (n=18) indicated they had experienced periods of feeling depressed and 87.3% of respondents (n=124) indicated they had not.

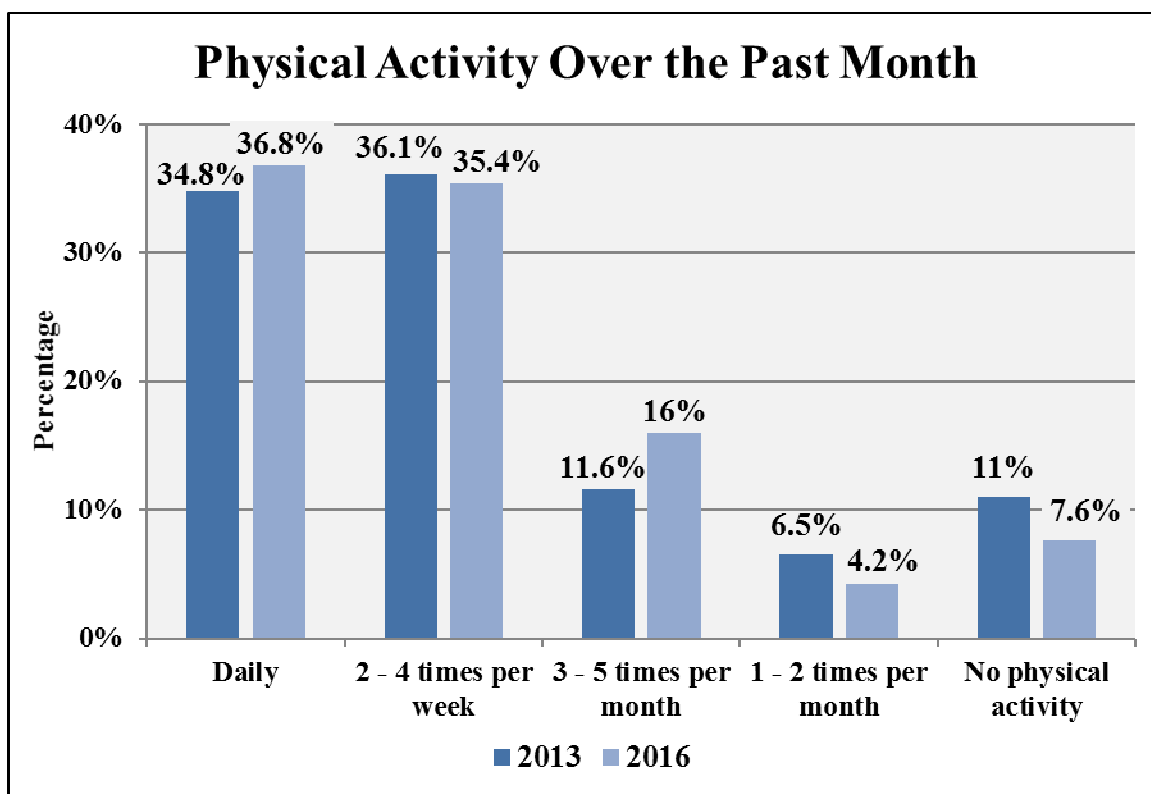


Physical Activity (Question 25)

2016 N= 144

2013 N= 155

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-seven percent of respondents (n=53) indicated they had physical activity of at least twenty minutes “Daily” over the past month and 35.4% (n=51) indicated they had physical activity “2-4 times per week.” Eight percent of respondents (n=11) indicated they had “No physical activity.”



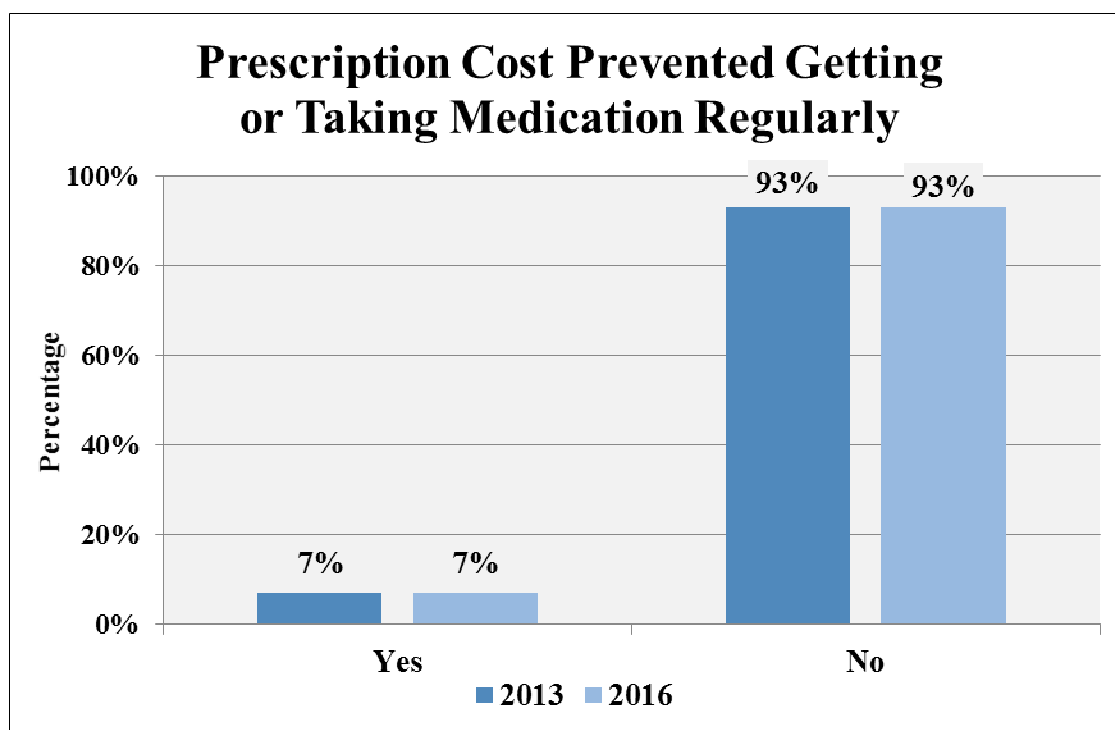
Survey Findings – Cost and Health Insurance

Cost and Prescription Medications (Question 26)

2016 N= 142

2013 N= 157

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Seven percent of respondents (n=10) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Ninety-three percent of respondents (n=132) indicated that cost had not prohibited them from getting or taking their medication regularly.



Medical Insurance (Question 27)

2016 N= 127

2013 N= 141

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-seven percent (n=47) indicated they have “Medicare” coverage. Thirty-two percent (n=41) indicated they have “Employer sponsored” coverage and “Private insurance/private plan” was indicated by 11.8% of respondents (n=15).

Insurance Type	2013		2016	
	Count	Percent	Count	Percent
Medicare	56	39.7%	47	37.0%
Employer sponsored	45	31.9%	41	32.3%
Private insurance/private plan	19	13.5%	15	11.8%
Health Insurance Marketplace	Not asked in 2013		6	4.7%
None/Pay out of pocket	4	2.8%	5	3.9%
VA/Military	4	2.8%	3	2.4%
Agricultural Corp. Paid	2	1.4%	2	1.6%
Health Savings Account	0	0	2	1.6%
Healthy MT Kids	1	0.7%	1	0.8%
Medicaid	4	2.8%	1	0.8%
State/Other	2	1.4%	1	0.8%
Indian Health	2	1.4%	0	0
Other	2	1.4%	3	2.4%
TOTAL	141	100%	127	100%

“Other” comments:

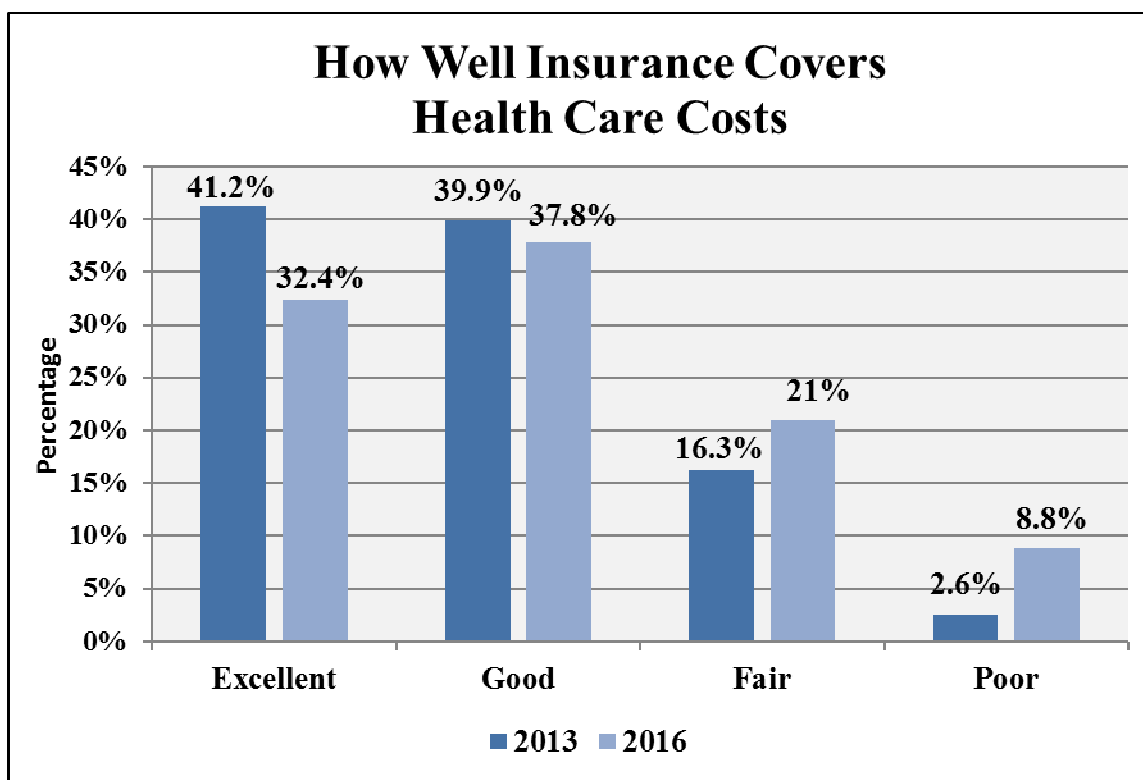
- BCBS
- Supplement
- Christian Share Plan

Insurance and Healthcare Costs (Question 28)

2016 N= 148

2013 N= 153

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Thirty-eight percent of respondents (n=56) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-two percent of respondents (n=48) indicated they felt their insurance is “Excellent” and 21% of respondents (n=31) felt their insurance coverage was “Fair.”



Barriers to Having Health Insurance (Question 29)

2016 N= 5

2013 N= 4

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Sixty percent (n=3) reported they did not have health insurance because they could not afford to pay for it. Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	3	75%	3	60%
Employer does not offer insurance	2	50%	1	20%
Choose not to have medical insurance	0	0	1	20%
Other	0	0	1	20%

“Other” comments:

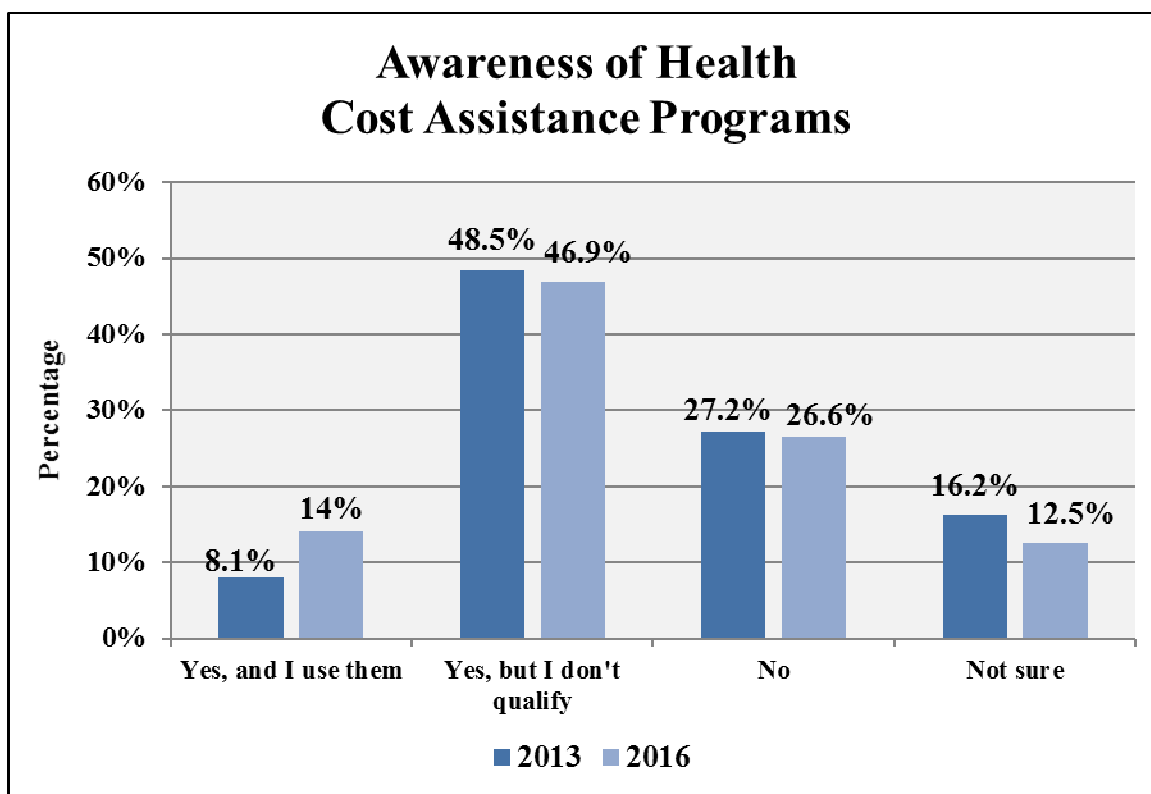
- Do not feel like federal insurance bill
- Was dropped from plan, looking for new

Awareness of Health Payment Programs (Question 30)

2016 N= 128

2013 N= 136

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-seven percent of respondents (n=60) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-seven percent (n=34) indicated that they were not aware of these programs and 14% of respondents (n=18) indicated they were aware of and utilized health payment assistance programs.



VI. Focus Group Methodology

One focus group was held in Scobey, Montana in November 2015. Focus group participants were identified as people living in Daniels Memorial Healthcare Center's service area.

Five people participated in the focus group interview. The focus group was designed to represent various consumer groups of healthcare including senior citizens and local community members. The focus group was held at the Nemont Friendship Room. The focus group meeting lasted approximately 90 minutes and the questions can be found Appendix F. The questions and discussion was led by Angela Bangs with the Montana Office of Rural Health.

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

VII. Focus Group Findings

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

Improve health of the community

- A need for more services specific to seniors was identified.
- There was concern regarding the future of the hospital and its impact on the community's ability to access health care.

Most important local healthcare issues

- Mental health and substance abuse appeared to be major concerns for community members.
- Community members were concerned about the financial health of the hospital.

Opinion of hospital services

- Quality of care is viewed as excellent.
- Services provided are very good, especially considering the remote location of the town.
- There is an understanding that a small hospital will not be able to offer a wide variety of services.
- Community members stated concerns regarding public outreach from hospital leadership.
- The condition of the facility is viewed as dated and community members feel that a remodel is in order for the hospital to stay competitive.
- Facility upgrades in equipment have been a big improvement.
- Cost of care is considered to be high.
- It is easy to see a provider if necessary.

Opinion of local providers

- Participants utilize local providers because it is convenient and the community knows the providers.

Opinion of local services

- The emergency room provides a great service to the community and staff does a very good job considering the limitations of the hospital.
- Ambulance services are very good and community members feel blessed to have it.
- Home health and personal care services would help seniors stay in the community.
- Community members know of the public health department, but are unsure as to what services the public health department provides.

Focus Group Findings continued...

Reasons to leave the community for healthcare

- Participants stay local when services are available. They leave the community when referred for specialty care or if the needed service is not available locally.

Needed healthcare services in the community

- Mental health and substance abuse services.
- Home health and personal care services.
- More assisted living options.

VIII. Summary

One hundred fifty-two surveys were completed in Daniels Memorial Healthcare Center's service area for a 24% response rate. Of the 152 returned, 63.2% of the respondents were females, 66.8% were 56 years of age or older, and 40.4% work full time.

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".

Nearly half of the respondents (46.2%) feel the Scobey area is a "Somewhat healthy" place to live. Respondents indicated their top three health concerns were: "Cancer" (67.8%), "Alcohol/substance abuse" (38.8%), and "Heart disease" (35.5%). However, significantly fewer survey respondents felt heart disease was as much of a concern as respondents in 2013 and significantly more survey respondents felt that depression/anxiety was a concern in 2016 versus 2013.

A majority of respondents (72.4%) selected "Access to health care and other services" as the most important component of a healthy community. Respondents' top three choices regarding ways to improve the community's access to healthcare services were: "More specialists" (33.6%), "More primary care providers" (28.3%), and "Improved quality of care" (27%).

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: "Fitness" (25.7%), "Women's health" (25.7%), and "Health and wellness" (22.4%). This echoes the portion of respondents (34.2%) who indicated that "Healthy behaviors and lifestyles" was an important component of a healthy community.

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. The majority of participants appeared to have favorable opinions of the services with most praising the care received, especially considering the limitations of being in a rural area. Participants were appreciative of the care available, while also indicating the importance of having a local healthcare facility. Participants also identified additional services or needs.

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

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

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

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

- Behavioral Health
- Senior Needs in the Community
- Healthy Lifestyles
- Access to Health Care

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

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

Resources

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

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

X. Evaluation of Activity Impacts from Previous CHNA

Daniels Memorial Healthcare Center (DMHC) approved its previous implementation plan in May of 2013. The plan prioritized the following health issues:

- Chronic Disease
- Access to Healthcare Services
- Health and Wellness

Chronic Disease

DMHC was unable to complete activities related to its goals for improving outcomes related to chronic disease in the community due to resource and staffing limitations.

Access to Healthcare Services

The previous CHNA highlighted the community's need for specific services (i.e. ultrasound), primary care providers, and certain specialists regarding behavioral health services. DMHC accomplished several goals related to its goal of providing increased access to needed healthcare services for the community.

- In 2014, the facility hired a radiology technician and began fundraising efforts for an ultrasound machine. In May 2015, DMHC purchased an ultrasound machine and 50 procedures have been completed as of this date.
- In 2014, DMHC hired a full-time family nurse practitioner (FNP).
- The ability to recruit additional providers was contingent upon the facility moving forward with plans to expand the facility – DMHC completed a facility master plan and has identified land and buildings that may be used in the proposed expansion.
- It was determined that there are currently options available (i.e. telemedicine and support groups) to address the need for behavioral health services in the community.
- DMHC extended its clinic hours by an hour a day during the week; the 2016 survey indicates that concern about expanded clinic hours dropped since 2013.

Health and Wellness

DMHC proposed an option to allow the community to utilize fitness equipment in the facility in order to increase the opportunities for community members to be physically active. Based on further discussion with facility staff and other community stakeholders, DMHC decided that this need would be better addressed through the school as it provides access to its gym, running track, and exercise equipment. The facility was in talks with the high school to provide an additional elliptical machine; however a lack of funding will prevent the purchase of this equipment.

Conclusion

The facility encountered barriers common to small critical access hospitals in rural Montana; however, the challenges were further exacerbated by the facility's isolated setting, lack of financial resources, and the unexpected departure of the DMHC CEO.

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Dave Hubbard, CEO – Daniels Memorial Healthcare Center
2. Zoe McCarty, NP – Daniels Memorial Healthcare Center
3. Barbara Ward, Marketing – Daniels Memorial Healthcare Center
4. Scott Susag, Board of Directors – Daniels Memorial Healthcare Center
5. Bobbie Roos, Daniels County MSU Extension Agent
6. Lois Leibrand, RN - Daniels County Public Health
7. Mary Nyhus, Daniels County Disaster and Emergency Services
8. Laura Buer, Director – Scobey Food Bank
9. Kurt Nelson, US Customs and Border Patrol
10. Lee Humbert, Daniels County Commissioner
11. Mary Danelson, Mountain Pacific Quality Health
12. Mikel Lund, Daniels County Commissioner
13. Tana Leibrand, Scobey Senior Center
14. Ann Roberts, Social Services – Daniels Memorial Healthcare Center
15. Gary Linder, Daniels County Commissioner
16. Teresa Danelson, Daniels County Public Health
17. Donald Sawdey, DO - Chief of Staff, Daniels Memorial Healthcare Center

Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Lois Leibrand, RN – Daniels County Public Health Nurse
- b. Date of Consultation
First Steering Committee Meeting: August 17, 2015
Key Informant Interview: January 27, 2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee / Key Informant Interview
- d. Input and Recommendations from Consultation
 - There is still an awareness issue about what the public health department does. I get a lot of calls from people asking about in-home care services.
 - There is a need for more education for our seniors – they need education on things like diabetes and cardiac care. We also do not have exercise classes for that population.
 - I think our community definitely needs an assisted living facility – we have people in our community going to Plentywood right now.

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
Lois Leibrand, RN – Daniels County Public Health Nurse
- b. Date of Consultation
First Steering Committee Meeting: August 17, 2015
Key Informant Interview: January 27, 2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee / Key Informant Interview
- d. Input and Recommendations from Consultation
 - There is a need for more education for our seniors – they need education on things like diabetes and cardiac care. We also do not have exercise classes for that population.
 - I think our community definitely needs an assisted living facility – we have people in our community going to Plentywood right now.

Appendix C – Survey Cover Letter



Daniels Memorial Healthcare Center

"Committed to providing excellence in rural community healthcare"

Box 400 • 105 5TH Avenue East • Scobey, MT 59263
Ph. 406-487-2296 • Fax 406-487-2471

October 2015

Dear Resident:

This letter and survey concern the future of health care in Scobey and the surrounding area. By completing the enclosed survey, you will help guide Daniels Memorial Healthcare Center (DMHC) and the Daniels County Health Department in developing comprehensive and affordable healthcare services to our area residents. Your help will be critical in determining the community's perception of local health care services and identifying important issues.

Your name was selected at random and your identity and answers will remain anonymous.

Please note that we cannot guarantee confidentiality for any information that you choose to share with others in your community. While you may not receive any direct benefit for participating, we believe that this survey will contribute to the improvement of health care services in our community. Participating in this survey is completely voluntary. Even if you decide to complete the enclosed survey, you may change your mind and stop at any time or choose to not answer any given question.

DMHC and the Daniels County Health Department are participating in the Community Health Services Development (CHSD) process, which includes community-based surveys to identify health needs in the community as well as gain community members' input on perceptions of health in the community. The Montana Office of Rural Health will be assisting us in completing this survey process. The purpose of the survey is to obtain information from a wide range of area residents to assist your community in meeting present and future health care needs.

*Please take a few moments to complete the enclosed survey by **November 16, 2015.***

Your response is very important because your comments will represent others in the area and will help guide us in planning responsive and high quality local health care services for the future. Even if you do not use health care services through DMHC, your input is still helpful and will benefit our community. 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 406-994-6972.

Thank you for your assistance. We appreciate your effort.

Sincerely,

Dave Hubbard, CEO
Daniels Memorial Healthcare Center

John & Christina Hoepner Atrium ~ Wyvil & Vera Bjerke Wellness Center ~ Dr. Collinson Medical Clinic

Appendix D – Survey Instrument

Community Health Services Development Survey Scobey, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. *If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6001.* Participation is voluntary. You can choose not to answer any question that you do not want to answer, and you can stop at any time.

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

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

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

(Select ONLY 3 that apply)

- | | | |
|---|---|---|
| <input type="radio"/> Alcohol abuse/substance abuse | <input type="radio"/> Lack of access to health care | <input type="radio"/> Stroke |
| <input type="radio"/> Cancer | <input type="radio"/> Lack of dental care | <input type="radio"/> Tobacco use |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Lack of exercise | <input type="radio"/> Work/economic stress |
| <input type="radio"/> Depression/anxiety | <input type="radio"/> Mental health issues | <input type="radio"/> Work related accidents/injuries |
| <input type="radio"/> Diabetes | <input type="radio"/> Motor vehicle accidents | <input type="radio"/> Other _____ |
| <input type="radio"/> Domestic violence | <input type="radio"/> Overweight/obesity | |
| <input type="radio"/> Heart disease | <input type="radio"/> Recreation related accidents/injuries | |

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

(Select ONLY 3 that apply)

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

4. How do you rate your knowledge of the health services that are available at Daniels Memorial Healthcare Center?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

- | | | |
|---|-------------------------------------|--|
| <input type="radio"/> Friends/family | <input type="radio"/> Presentations | <input type="radio"/> Word of mouth/reputation |
| <input type="radio"/> Healthcare provider | <input type="radio"/> Public health | <input type="radio"/> Website/internet |
| <input type="radio"/> Mailings/newsletter | <input type="radio"/> Radio | <input type="radio"/> Other _____ |
| <input type="radio"/> Newspaper | <input type="radio"/> Social media | |

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

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

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

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

8. 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 #10)

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

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

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

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

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

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

12. 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"/> Wolf Point, MT |
| <input type="radio"/> Glasgow, MT | <input type="radio"/> Sidney, MT | <input type="radio"/> Plentywood, MT | <input type="radio"/> Other _____ |
| <input type="radio"/> Minot, ND | <input type="radio"/> Williston, ND | <input type="radio"/> VA | |

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

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

14. 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 #17)

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

- | | |
|---|--|
| <input type="radio"/> Daniels Memorial Healthcare Center, Scobey | <input type="radio"/> Sheridan Memorial, Plentywood |
| <input type="radio"/> Northeast MT Health Services (Wolf Point, Poplar) | <input type="radio"/> Frances Mahon Deaconess, Glasgow |
| <input type="radio"/> VA | <input type="radio"/> Other _____ |
| <input type="radio"/> IHS | |

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

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

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

- | | | |
|--|---|-----------------------------------|
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Routine blood pressure check (yearly) | <input type="radio"/> Flu shot |
| <input type="radio"/> Cholesterol check (yearly) | <input type="radio"/> Routine health checkup (yearly) | <input type="radio"/> Mammography |
| <input type="radio"/> Colonoscopy (every 5-10 years) | <input type="radio"/> Pap smear (every 3-5 years) | <input type="radio"/> None |
| | | <input type="radio"/> Other _____ |

18. If you have not utilized any of the preventative health services in question 17, what were the **three** most important reasons why you have not? (Select **ONLY 3 that apply**)

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

19. 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 #22)

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

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

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

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

22. The following services are available at Daniels Memorial Healthcare Center. Please rate the overall quality for each service. (Please mark D/K if you have not used the service)

	<i>Excellent = 4</i>	<i>Good = 3</i>	<i>Fair = 2</i>	<i>Poor = 1</i>	<i>Don't Know = DK</i>
Adult day care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
CT scan	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<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"/> DK
Family practice	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Immunizations	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Laboratory	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<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"/> DK
Occupational therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<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"/> DK
Radiology	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<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"/> DK
Telemedicine	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Ultrasound	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<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"/> DK

23. What additional health care services would you use if available locally? (Select all that apply)

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

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

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

- ☐ Yes ☐ No

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

(Please select only ONE)

- | | | |
|--|--|--|
| <input type="radio"/> Agricultural Corp. Paid | <input type="radio"/> Indian Health | <input type="radio"/> State/Other |
| <input type="radio"/> Employer sponsored | <input type="radio"/> Medicaid | <input type="radio"/> VA/Military |
| <input type="radio"/> Health Insurance Marketplace | <input type="radio"/> Medicare | <input type="radio"/> None/Pay out of pocket |
| <input type="radio"/> Health Savings Account | <input type="radio"/> Private insurance/private plan | <input type="radio"/> Other _____ |
| <input type="radio"/> Healthy MT Kids | | |

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

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

30. 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.

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

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

32. What is your gender? ☐ Male ☐ Female

33. What age range represents you?

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

34. What is your employment status?

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

Please return in the postage paid envelope enclosed with this survey or mail to:
The National Rural Health Resource Center, 525 S. Lake Avenue Suite 320 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

1. How would you rate the general health of our community?
 - Don't know
2. In the following list, what do you think are the **three most serious** health concerns in our community?
 - Don't know
 - MS [Multiple Sclerosis]
3. Select the **three** items below that you believe are most important for a healthy community:
 - Good nutrition/organic food (2)
 - Good healthcare provider
 - Healthy national economy
 - [selected clean environment] Does this include clean water? Germ free?
 - Wanted to check them all
5. How do you learn about the health services available in our community?
 - Long-time resident (2)
 - Personal knowledge
 - Personal responsibility maintained with proper diet and staying active
6. In your opinion, what would improve our community's access to healthcare?
 - Full time doc (2)
 - Clinicians call me
 - Urgent care
 - It is adequate
7. If any of the following classes/programs were made available to the Scobey community, which would you be most interested in attending?
 - [selected Alzheimer's] I have an uncle who suffers from this. I'd like to know more
 - Autism. I have a neighbor who suffers from this
 - Most of these are offered at one time or another
 - None
9. If yes, what were the **three** most important reasons why you did not receive healthcare services?
 - Scheduling was an issue
12. If yes, which hospital does your household use the MOST for hospital care?
 - Minneapolis, MN
 - Mayo Clinic

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

- Treatments not available here (4)
- Like specific doctor (2)
- Needed specialist services (2)
- Good doctors
- Long-time doctor
- Privacy

15. Where was that primary healthcare provider located?

- Billings (4)
- Sidney (2)
- Minot, Bismarck
- Minneapolis, MN
- Great Plains Women's Health
- Miles City

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

- Personal preference (10)
- Better doctors (3)
- No other choice without lengthy travel (2)
- Needed service available

17. Have you utilized any of the following preventative services in accordance with the current guidelines (guidelines follow service in parentheses)?

- Prescription renewal
- Immunization
- A1C
- Annual bloodwork
- Pneumonia
- Stress-related

18. If you have you have not utilized any of the preventative health services in question 17, what were the three most important reason why you have not?

- Not needed/Do not want (3)
- Services not available
- I maintain my own health
- No need for children's check-ups, our children are grown
- Takes too long to get bills submitted for insurance

20. What type of healthcare specialist was seen?
- Heart surgeon
 - Surgeon
 - Naturopath
21. Where was the healthcare specialist seen?
- Bozeman
 - Mesa, Arizona
 - Mayo Clinic Rochester, MN
23. What additional healthcare services would you use if available locally?
- None
 - Alzheimer's unit
27. What type of medical insurance covers the **majority** of your household's medical expenses?
- BCBS
 - Supplement
 - Christian Share Plan
29. If you do NOT have medical insurance, why?
- Do not like federal insurance bill
 - Was dropped from plan, looking for new
34. What is your employment status?
- Self-employed (2)

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 healthcare issues? (Probe question: What do you think are the biggest issues facing local healthcare 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
 - Healthcare services for Senior Citizens
 - Public/County Health Department
 - Healthcare services for low-income individuals/families
 - Nursing Home/Assisted Living Facility
 - Pharmacy
6. Why might people leave the community for healthcare?
7. What other healthcare services are needed in the community?

Appendix G – Focus Group Notes

Focus Group #1

Tuesday, Nov. 3, 2015 – 11:30am-12:45 pm – Nemont Friendship Room – Scobey, MT

5 participants (1 male, 4 female)

1. What would make this community a healthier place to live?
 - Our health services are at risk due to lack of money. We need to do something to make sure we have a viable option.
 - The Great Falls Tribune had an article about another small hospital in financial trouble.
 - It is so important that we have a hospital here and that we keep it financially stable.
 - You need a certain number of providers, but the population may not be able to pay for this. The elderly need more care.
 - There was an advertisement saying that the nursing home was taking applications, which I thought was strange since I thought they would want to take everyone who was interested.
 - I think it makes sense because we need to know we can provide the right kind of care for each new applicant in the facility.
2. What do you think are the most important local healthcare issues?
 - Main one is financial stability. If we start to lose departments, then we lose our health security.
 - There's the big five: cancer, heart [health], diabetes, Alzheimer's, and obesity, but those issues are something that is a general thread throughout all rural communities. I think that in larger communities there would be more issues like mental health and other behavioral issues.
 - Yes, mental health is a big issue, but in a smaller community it is not talked about.
 - If someone has cancer, then they are going to be talking about it. But if I had a mental health issue, I would not want people to know about it.
 - Because there's that stigma in a small community.
 - [Mental health] should be in the top five.
 - Someone called about a child that needs a risk assessment, but they could not get in for four months. And the parents did not know where to turn to because the child needed help right now – no wonder Montana is #1 for suicides. These people cannot wait for an assessment – they need help now.
 - Another thing that happens is, in talking about specialties, it takes one or two months to get scheduled.
 - Mental health builds over time, but people do not reach out until there is a crisis.
 - Maybe this is something we need to look at providing here: the cancer prevention folks getting prescreening. Maybe we need more of a navigator to help others find services and resources they need. People do not know where

to go and get frustrated, but the primary care provider has to do the referral.

Primary caregivers can do that, but the doctor may or may not refer.

- I think that with kids, if there is a problem there are red lights and sirens and they can get help more quickly because they are children. But, the problem with adults is that people cannot be cured of an addiction if they do not want to be.
- With adults, they have to ask for help and some may not want any.

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

Quality of Care

- Quality of care is great. There are some services we cannot do here and patients have to be shipped out.
- We have very, very good quality.

Number of Services

- It is not feasible to offer everything that might be needed. The hospital looks for ways to generate money as well and I think that the hospital offering the physical therapy service has been great in drawing people from the outside. I know that the survey mentioned an MRI as a proposed service, but we cannot afford something like that. I feel that we are doing these things to just keep up with the Jones', so we are in competition with surrounding hospitals.

Hospital Staff

- In general, I think we have good staff. The hospital has great quality and they cannot provide quality care without good and competent people.

Hospital Board and Leadership

- We do not have leadership here. One of the issues is that there are little problems that keep getting bigger. Sometimes you have to replace the leadership to bring some stability in order to bring the hospital under control. To me this is important.
 - To add to that is the fact that patient confidentiality has been taken to a point where the hospital cannot comment on things and then things get out of control. When the rumors start flying and the hospital is silent, then it just gets worse. There has to be an official statement or the rumors go wild. Confidentiality has been taken to an extreme. It would be so much better if the hospital could even say something like, "We are aware of an issue and are working to address it." We have got to say something.
 - That is where leadership has to take control.
- People should attend board meetings if they have questions. If people come to me with an issue, then I direct them to the CEO.
 - I have called and left messages, but nobody ever got back to me. There was a serious HIPAA breach and I had to call BC/BS. It was an honest mistake, but no one got back to me. I live with a cancer survivor and we have used

multiple services in many places like Sidney, Glasgow, Wolf Point, and Bozeman. This is the only hospital where the billing is horrible.

Business Office

- One thing that is hard, everyone assumes that once you turn 65, then you are on Medicare Parts A and B. It took three years to get billing department to understand that my BCBS coverage was the primary and Medicare was the secondary. I was getting bills from North Dakota and seeing that sometimes the bill was for services from as long as a year ago. The people there are trying, but it's not very efficient.

Condition of Facility and Equipment

- It's an old building and it was remodeled fifteen years ago, so it is probably time for another remodel. People who work at the hospital know it is not up to date. But it does have good bones. I know that the hospital has not been able to keep up with the times. Other facilities are doing things like adding private rooms and suites to their nursing homes. I have called around and we are the only facility in the region that does not have the private room option.
 - But if we are bleeding money, then how can we invest in that kind of thing?
- In five years, the baby boomers looking for a place are going to want a private room with a private bathroom and one or maybe two showers a day. Our water heater would not be able to keep up with that demand.
- If you have kids in different areas and you are looking at where you want to go, then you may go to the larger facilities that can offer the private room with a bathroom. No one wants to share a room.
 - We are just talking about the nursing home. We have people that would be served in an assisted living facility for a longer period of time. If you look at the difference between the patients here and the ones in Plentywood – the folks in Plentywood need total care. They do not show up in the nursing home [at Plentywood] until they are need total care.

Financial Health of the Hospital

- We want our hospital here. We have good care here. If I have to be in a nursing home, then I want my neighbors taking care of me. But that means that the hospital cannot close its doors. I know that we have to have staff on duty all the time; I know there has to be a cook even if there is no one to cook for and that there has to be a janitor even if five of the eight rooms are empty. Maybe the hospital can look at one person doing two jobs; something needs to be done.
- We have had a revolving door of primary care givers since 1988. People say "Gosh, there's another new provider," and they go to another neighboring facility that may be 50 or 120 miles away. And then they get comfortable with the providers in the other cities. We see a lot of people leaving for primary care, but it is hard to bring people back to this facility with the turnover in providers.

- Even in Billings, you are not guaranteed that you will see the same providers every time you go. They have turnover too.
- I agree. But the records are here, so people should not feel their care suffers.
- I was impressed because I had some health issues that required me to go to a larger city and that larger hospital referred me back to Scobey for my follow up care. I was fairly impressed that I was referred back here since that would not have happened ten or fifteen years ago.
- We are an affiliate of Billings Clinic. And I think it's good that the CEOs of both systems were able to work that arrangement out because now the specialists are not keeping people at the bigger hospitals. The bigger hospitals know that they need to send people back to the community.
- That is something the [hospital] board needs to look at. We may need to tie ourselves to the bigger boys down the street.

Cost

- According to outsiders coming in, the cost is terribly high. The ER is way out of line. I think that, in general, it is high.
- If I do blood work here, it is definitely more expensive.
- My wife has to get blood work done every three months. Linda is the best! But with that being said, I have insurance that covers the cost of services and I pay the copay. For someone without insurance, then the high cost becomes an issue.
- Employees get a discount if they are on the health insurance.
- I don't know how you get around the cost issue. I know the hospital might be trying to make up for loose ends.
- If you are Medicare, then they will only pay to closest facility, which is in Minot, ND.
- So there are outside sources putting restraints on our facilities and we have no control over that. It is not a variable – it is a constant. The [outside influence of regulation] has be put in the equation. But, I have only heard the high cost issue with people using the ER from outside the area.

Office/Clinic Staff

- I think they are very good; no complaints here. All the staff – the front office staff to the lab techs to the outpatient staff are good. When they answer the telephone, staff are always helpful and cheerful.
- The problem is that there are so many layers you have to go through before you can finally get to the provider.
- But it is the same no matter where you go.

Availability

- There is no problem getting in if you want to be seen here. If there is something going on like rapidly spreading strep throat, then it might be harder to get in. But if you call in the morning, you can generally get in some time during the same day. But going back to what we have said before, we have a very good facility in Scobey.

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

- Yes. It is convenient to not have to travel.
- And you already know the providers here.

5. What do you think about these local services:

Emergency Room

- No experience. When I worked there, I saw that they try very hard to keep up with the latest technology and training. I think that, sometimes, Scobey does not get the recognition for their work that they deserve. They do everything they can to keep people alive while they are waiting for the plane to take them elsewhere.
- I know that there is quite a bit of grant money that has gone into new equipment.
- I hate to say it, but we are like a high class first aid station because people are kept on life support here and are stabilized before being transported. I know it sounds like a negative, but it is not.

Ambulance Service

- It is good.
- Our EMS crew is AAA. They are the best. We are lucky to have such a great EMS crew here.
- And they are all volunteer too.

Healthcare Services for Senior Citizens

- I wish we had more at-home services after people are discharged. Part of the problem was that [home health/personal care services] got regulated to death.
- It goes back to what we talked about before with the fact that there are some things we cannot control.
 - I still see a need for it.
 - I know that, in other communities, there are staff members who go out and help people with things like light housekeeping, picking up people's mail, and getting groceries. It is not the 'medical' services, but more of those personal care services.
 - Action for Eastern MT basically funds meals, but it does not provide for personal care.
 - The biggest question I get when people get discharged is, "Who provides this kind of service? Who can help if my mom just needs help cleaning her house?"
 - Could this be a service that the hospital could offer? Can the hospital staff handle this? I can see where it would be hard to offer this if it does not pay the bills. But maybe offering this will eventually bring more people in and pay for itself and more.
 - The problem is that Medicare/Medicaid will not cover this kind of service.
- Getting back to private rooms - that is all private pay. I think we are different because there is more private pay than Medicaid here.

Public/County Health Department

- A lot of people do not know what the health department does. However, they have a very good relationship with the hospital, but people do not even understand what they do.
- A part of the problem is that the county commissioners refused to support or fund public health for a long time. The department had to depend upon grants. Finally, the commissioners have funded it, but a lot of money is still coming from grants.
 - Maybe there should be an open house so that people know what they do.
 - The department does communicable disease investigation and emergency preparedness to make sure the community is safe. Of course, there is also the cancer prevention program and the arthritis exercise program. But, it is a different health department.
- They also collect statistics about disease and we never knew that before. A few years ago there was a pertussis outbreak, and the department had to investigate it. They had to interview people to determine contacts and who may have been exposed – they had to monitor the whole basketball team for a bit. They got to present the findings of the investigation and I think that the commissioners were surprised to see what is involved in an investigation like that.
- The thing is that a lot of these diseases like pertussis are diseases of our grandparents – modern people do not know about these diseases now.
 - Well that is another problem - so many people do not want immunizations these days.
- Where do you get your information about the town and what is going on?
 - Information just flows in this community. I think the last survey showed that most people got their information through word of mouth.
 - My daughter is in school, so I get information from the school if something happened.

Healthcare Services for Low-Income Individuals/Families

- They get a lot of coverage. Families that need help receive help – there are a lot of private churches that will step in and there is charity care at hospital.
 - Some people have Medicaid for their kids; I only hear about those that have it.
- I would like to think there is nobody here going without if they needed some help. Maybe some people do not ask for help because of pride, but I do not think anyone has a serious medical issue that does not get taken care of.
- I would expect there is a certain amount of charity care given by the hospital each month. Bad debt is different because it is from people who never try to pay for the services they got. But the hospital could use those numbers to figure out what kind of need there is in the community for folks who cannot afford medical care.

Nursing Home/Assisted Living Facility

- No assisted living here now. There was a facility here that was great and was well used. I do think that something is going to have to be done.

Pharmacy

- It is not open on the weekends or from 1 to 2pm. That can create limitations. The pharmacy at the hospital can help if you need something immediately, but you could not just walk up and ask for a prescription.
 - The cost at the hospital pharmacy is atrocious.
 - At least we have our own pharmacy.
- I know Bob would come in on a Saturday if he was asked to – when there was that pertussis outbreak, he came in and opened on Saturday so people could get their prescriptions.

6. Why might people leave the community for healthcare?

- Specialists.

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

- Assisted living.
- Personal care/home health.
- Some of this is beyond our control. I miss how we used to get things done in rural America.
- Home health – there is a visiting nurse service here, but that is only covered for nursing services. We just need a young person to help with the aide-type services – like a CNA. It has probably been six or seven years since we had that in this community.
 - [Home health] may not be a revenue source, but it is PR and it will keep patients from having to go back to the hospital. I think it would be a win-win if we had those services here.
 - One of the problems is that it runs in cycles. So in certain months, the need will not be as high. Then, you run into scheduling issues and making sure there is enough work for everyone.

Appendix H – Secondary Data County Profile

Daniels County

Secondary Data Analysis
September 26, 2012



MONTANA
STATE UNIVERSITY

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	18-64	65+	<5	18-64	65+	<5	15-64	65+
		3%	59%	24%	6%	63%	14%	7%	62%	13%
Gender ¹		Male		Female	Male		Female	Male		Female
		49.6%		50.4%	50.1%		49.9%	49.2%		50.8%
Race/Ethnic Distribution		White ¹			91.5%			72.4%		
		American Indian or Alaska Native ¹			6.8%			0.9%		
		Other ¹			1.7%			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)

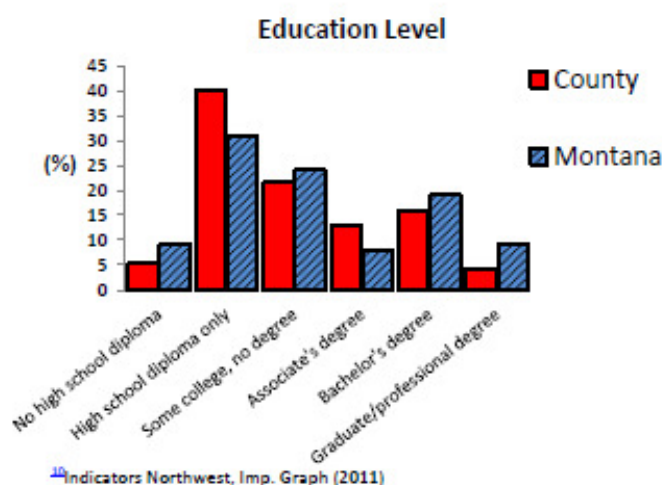
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8,9}
Median Income ¹	\$33,137	\$43,000	\$51,914
Unemployment Rate ⁷	3.2%	6.3%	7.7%
Persons Below Poverty Level ¹	18.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	32.7%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

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)



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
Cervical Cancer (Pap Test in past 3 yrs) ¹		79.5%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹		69.2%	71.9%
	Blood Stool ¹	21.8%	25.3%
	Sigmoidoscopy or Colonoscopy ¹	44.8%	54.3%
Diabetic Screening ⁵ Percent of Medicare enrollees who received HbA1c screening		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}
Suicide Rate per 100,000 population ¹	23.4	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	58.5	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	12.1%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	35.1	19.0	17.5
Diabetes Mellitus ²	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}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	6.9 (Region 1)	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	85.7%	83.9%	69.0%
Birth Rate ³ Babies born per 1,000 people	8.6	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	7.5% (Region 1)	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	4.1 (Region 1)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	2.8 (Region 1)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	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)

³Montana 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.
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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

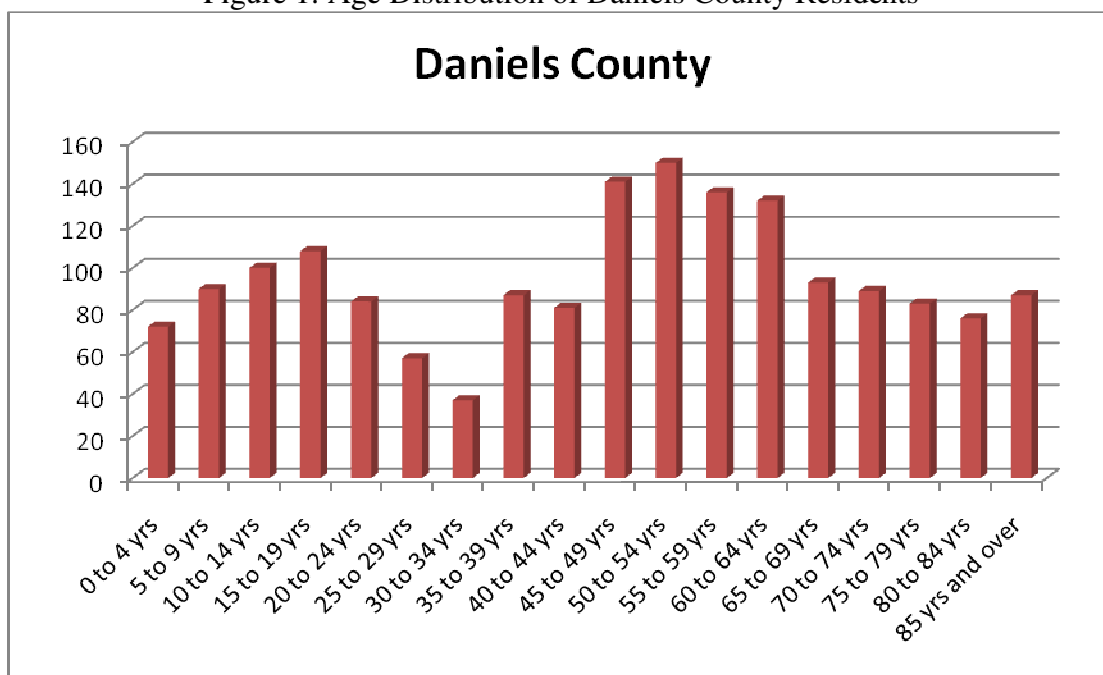


Figure 2: Percent of the population by age groups, Daniels County vs. Montana

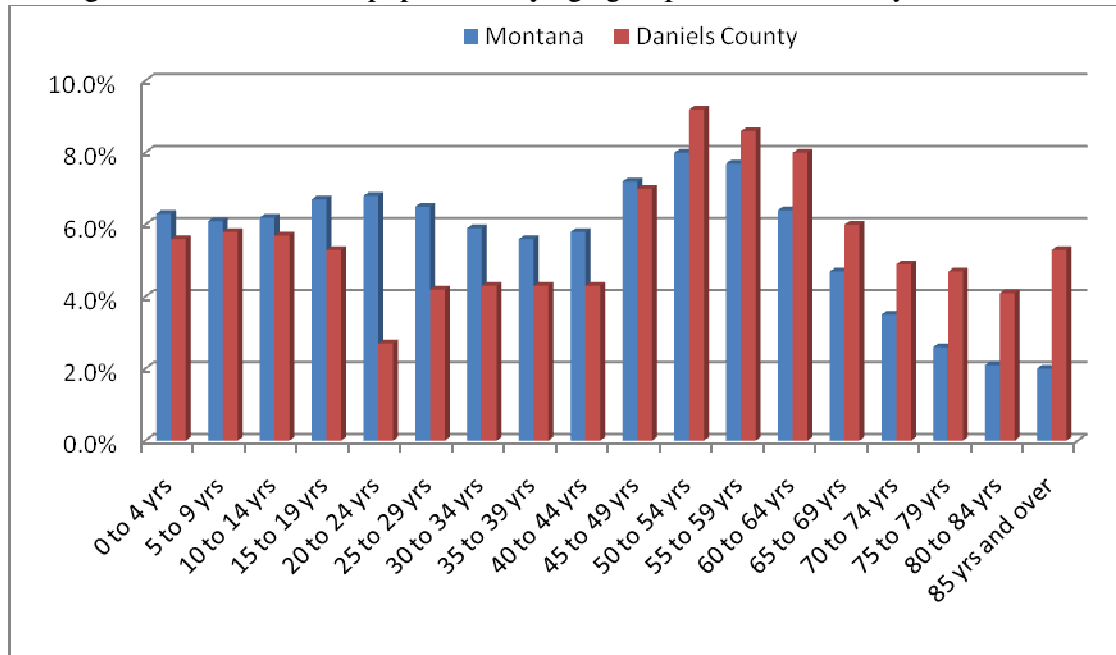


Figure 2 shows how Daniels County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Daniels County has a lower percentage of people under 50 years old (42.2 percent vs. 49.2 percent) and a higher percentage of people age 50 and older (57.8 percent vs. 50.8 percent). According to the 2010 Census, Daniels 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 hospital's multipliers.

Multipliers are calculated using a methodology called input-output modeling. The Research and Analysis Bureau (R&A) 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 at 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 area's quality of life. Healthcare, like education, is important to people and businesses when deciding where to locate" (pg. 1). Thus, all other things being equal, the presence of a quality healthcare system gives communities an advantage when competing for new businesses. An effective healthcare system can also attract retirees to the community. Finally, healthcare may provide an opportunity for young people to stay in the communities where they were raised and still earn a high wage. In areas of the state where economic opportunities are scarce, many hospitals are experiencing shortages of qualified workers. In this situation, "growing your own" workforce may be a viable option.

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

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