

2022

COMMUNITY HEALTH NEEDS ASSESSMENT

Scobey, Montana

*Assessment conducted by **Daniels Memorial Healthcare Center** in cooperation with the Montana Office of Rural Health*



Daniels Memorial
HEALTHCARE CENTER



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

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INTRODUCTION

Introduction

Daniels Memorial Healthcare Center (DMHC) is a 25-bed Critical Access Hospital (CAH) and Rural Health Clinic (RHC) based in Scobey, Montana. DMHC serves the Daniels County population of 1,661 people spread over 1,426 square miles. DMHC is the only hospital in Daniels County and serves the communities of Scobey, Flaxville, Four Buttes, Peerless, and Whitetail; with most of the County's populated communities located along US 13 or US 5. Daniels County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



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

Mission: We are dedicated to enriching the health of those we serve and to strengthening our community for the future.

Vision: Daniels Memorial Healthcare Center will be an oasis for health and healing and be recognized nationally as a top 100 critical access hospital.

Values: Passion, Respect, Integrity, Dependability, and Empathy - PRIDE

Daniels Memorial Healthcare Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health (MORH) and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant. Community involvement in steering committee meetings and key informant interviews enhance community engagement in the assessment process.

In April 2022, 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 E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked.

Please note we are able to compare some of the 2022 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2016 and 2019. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

Health Assessment Process

A steering committee was convened to assist Daniels Memorial Healthcare Center in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in February 2022. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.

Survey Methodology

Survey Instrument

In April 2022, surveys were mailed out to the residents in Daniels County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

Daniels Memorial Healthcare Center provided a list of aggregated 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 600 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. Although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results. See survey distribution table on the next page.

Zip Code	Population ¹	Community Name	Total Distribution	# Male	# Female
59263	1,155	Scobey	432	216	216
59222	65	Flaxville	86	45	41
59254	1825	Plentywood	8	4	4
59255	852	Poplar	8	4	4
59260	149	Richland	22	11	11
59201	2774	Wolf Point	8	4	4
59276	32	Whitetail	10	5	5
59250	96	Opheim	8	4	4
59253	81	Peerless	4	2	2
59248	331	Nashua	4	2	2
59256	43	Raymond	10	5	5
Total	7335		600	302	298

¹ US Census Bureau - American Community Survey (2019)

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

Information Gaps- Data

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

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

The low population density of rural and frontier communities often requires regional reporting of many major health indices, including chronic disease burden and behavior health indices. The Montana BRFSS (Behavioral Risk Factor Surveillance System), through a cooperative agreement with the Center for Disease Control and Prevention (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 & Focus Group 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 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, assists in reaching segments of the population that might not otherwise respond to a survey.

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

Survey Implementation

In April 2022, a survey, cover letter on Daniels Memorial Healthcare Center's letterhead with the Chief Executive Officer's signature, and a postage paid envelope were mailed to 600 randomly selected residents in the hospital's service area. A news release was sent to the local newspaper as well as social media postings prior to the survey distribution announcing that Daniels Memorial Healthcare Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

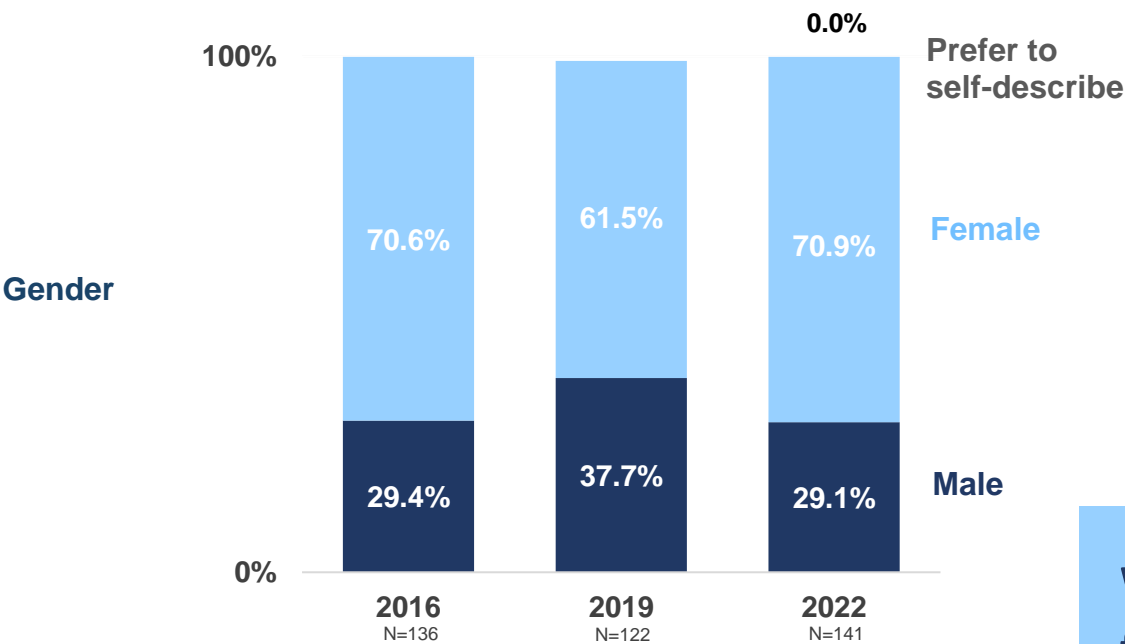
One hundred forty-five surveys were returned out of 600. Of those 600 surveys, 40 surveys were returned undeliverable for a 25.89% response rate. From this point on, the total number of surveys will be out of 560. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 8.06%.

Survey Respondent Demographics

A total of 560 surveys were distributed amongst Daniels Memorial Healthcare Center's service area. One-hundred forty-five were completed for a 25.89% 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.

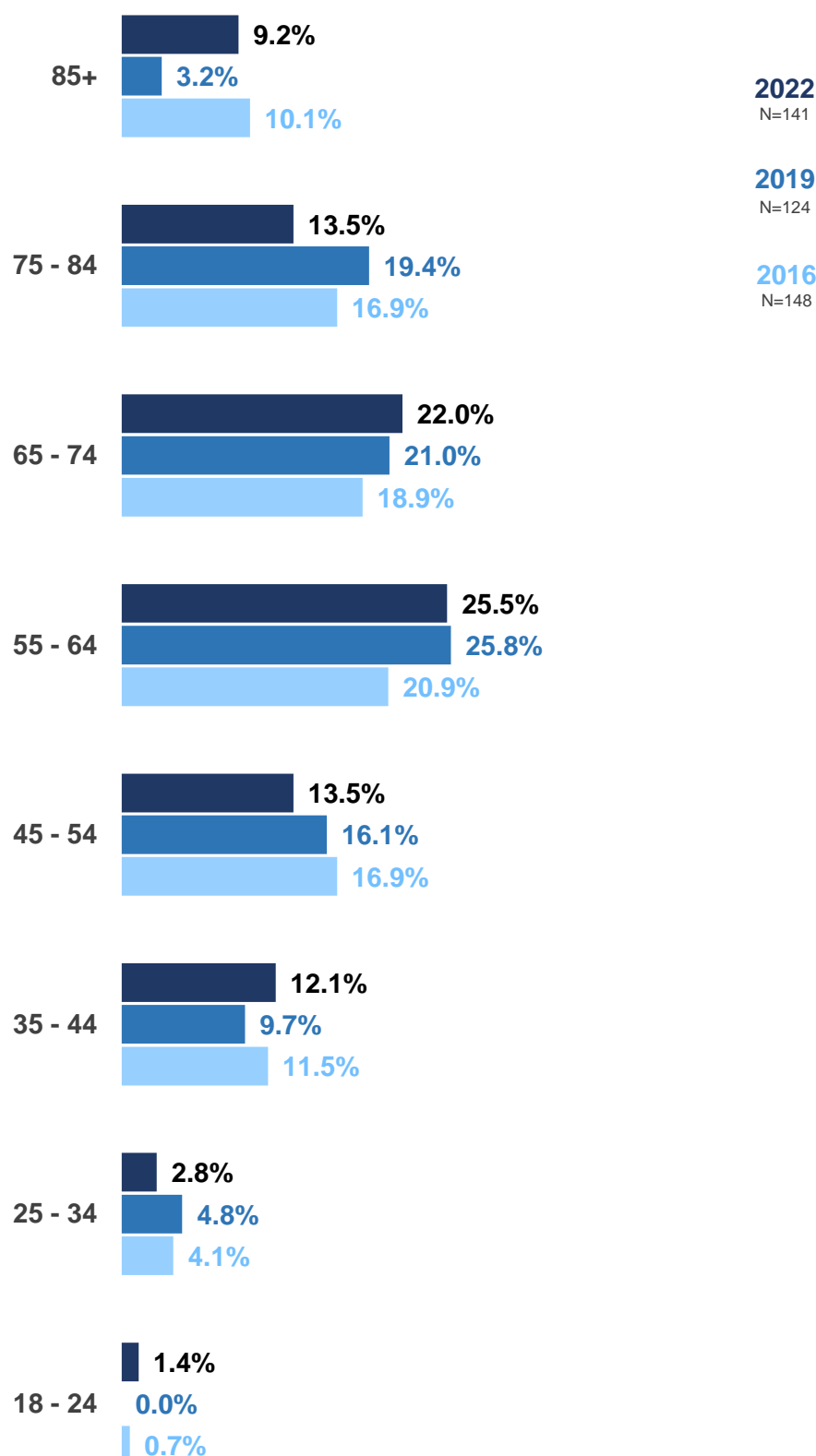
Place of Residence	2013 % (n)	2019 % (n)	2022 % (n)
Number of respondents	165	136	127
59263 Scobey	85.9% (128)	79.2% (99)	76.1% (108)
59222 Flaxville	4.7% (7)	12.0% (15)	14.1% (20)
59254 Plentywood	2.0% (3)	3.2% (4)	4.9% (7)
59253 Peerless	3.4% (5)	1.6% (2)	2.1% (3)
59201 Wolf Point	0.0% (0)	0.0% (0)	1.4% (2)
59255 Poplar	1.3% (2)	1.6% (2)	0.7% (1)
59250 Opheim	2.0% (3)	0.8% (1)	0.0% (0)
59252 Outlook	0.0% (0)	0.0% (0)	0.0% (0)
59257 Redstone	0.0% (0)	0.0% (0)	0.0% (0)
59276 Whitetail	0.7% (1)	0.0% (0)	0.0% (0)
Other		1.6% (2)	0.7% (1)
TOTAL	99.9% (165)	100.0% (136)	100.0% (127)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year.



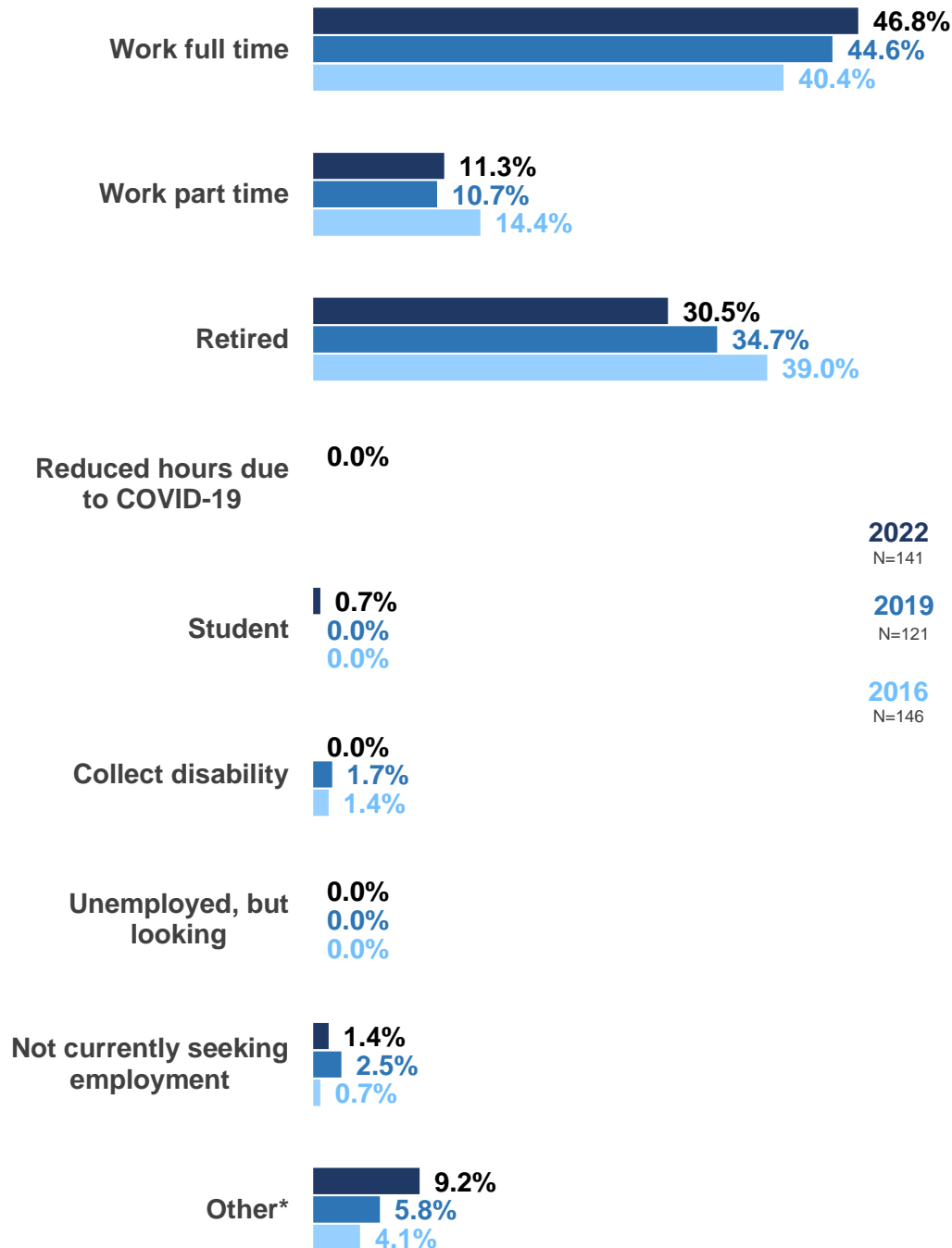
Women are frequently the healthcare decision makers for their families and are more likely to respond to a health-related survey.

Age of respondents for all years of the survey



The increasing percentage of aging rural residents is a statewide trend and will likely have a significant impact on demand for future healthcare services.

The majority of 2022 respondents are retired or work full time.



*Respondents (N=9) who selected over the allotted amount were moved to "Other."

"Other" comments included: Self-employed (3) and "Rancher (2)"



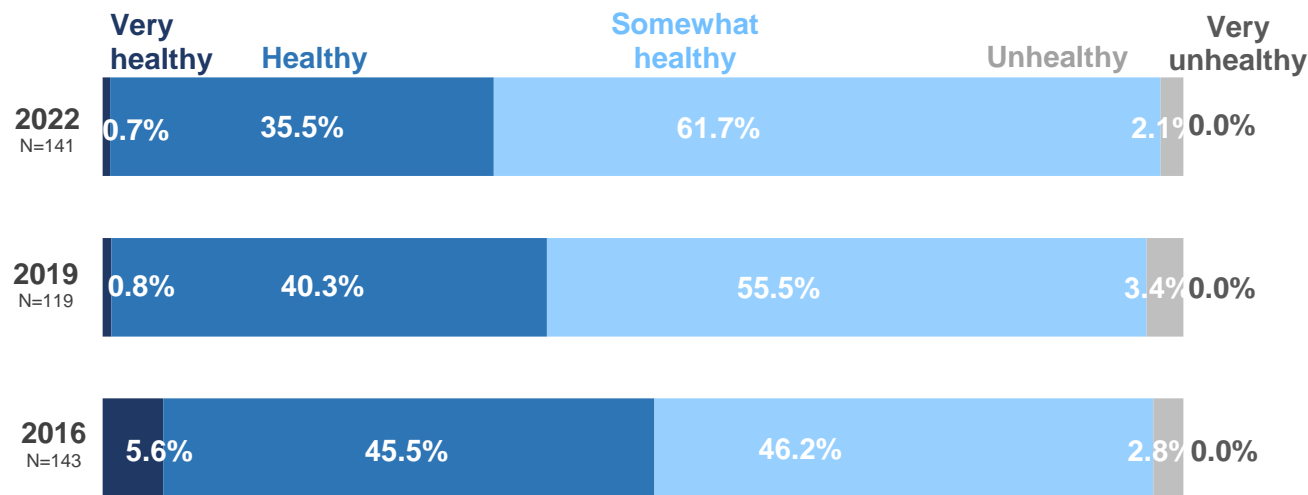
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Sixty-one-point seven percent of respondents (n=87) rated their community as “Somewhat healthy,” and 35.5% of respondents (n=50) felt their community was “Healthy.” No respondents indicated they felt their community was “Very Unhealthy.”

More 2022 respondents rate their community as **somewhat healthy** compared to 2019 and 2016.



Over 95% of survey respondents feel their community is **somewhat healthy or healthy**.

Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Cancer” at 45.1% (n=64), which experienced a significant change since the last assessment. “Alcohol abuse/substance abuse” was also a high priority at 40.1% (n=57), followed by “Mental health issues” at 27.5% (n=39).

Health Concern	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	152	125	142	
Cancer	67.8% (103)	60.0% (75)	45.1% (64)	■
Alcohol abuse/substance abuse	38.8% (59)	44.8% (56)	40.1% (57)	□
Mental health issues	9.2% (14)	14.4% (18)	27.5% (39)	■
Alzheimer’s/dementia		20.8% (26)	26.1% (37)	□
Heart disease	35.5% (54)	24.8% (31)	25.4% (36)	□
Depression/anxiety	25.0% (38)	28.0% (35)	23.9% (34)	□
Overweight/obesity	24.3% (37)	24.8% (31)	19.7% (28)	□
Diabetes	20.4% (31)	13.6% (17)	19.0% (27)	□
Tobacco use (vaping, e-cigarettes, smokeless)	11.8% (18)	15.2% (19)	11.3% (16)	□
Work/economic stress	7.9% (12)		11.3% (16)	□
Social isolation/loneliness		9.6% (12)	9.2% (13)	□
Stroke	13.2% (20)	0.8% (1)	7.7% (11)	■
Lack of access to healthcare	9.2% (14)	8.8% (11)	5.6% (8)	□
Work related accidents/injuries	3.3% (5)	1.6% (2)	4.9% (7)	□
Lack of exercise	9.9% (15)	3.2% (4)	4.2% (6)	■
Lack of dental care	1.3% (2)	1.6% (2)	2.1% (3)	□
Suicide		3.2% (4)	2.1% (3)	□
Child abuse/neglect	0.7% (1)	2.4% (3)	0.7% (1)	□
Domestic violence	0.0% (0)	0.8% (1)	0.7% (1)	□
Motor vehicle accidents	1.3% (2)	1.6% (2)	0.7% (1)	□
Hunger		0.0% (0)	0.0% (0)	□
Recreation related accidents/injuries	0.0% (0)	0.8% (1)	0.0% (0)	□
Other	2.0% (3)	2.4% (3)	3.5% (5)	□

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=3) who selected over the allotted amount were moved to “Other.”

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Sixty-nine point seven percent of respondents (n=99) indicated that “Access to healthcare and other services” are important for a healthy community, followed by “Good jobs and a healthy economy” at 35.9% (n=51), and “Strong family life” at 28.9% (n=41).

Components of a Healthy Community	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	152	125	142	
Access to healthcare and other services	72.4% (110)	70.4% (88)	69.7% (99)	<input type="checkbox"/>
Good jobs and a healthy economy	29.6% (45)	40.0% (50)	35.9% (51)	<input type="checkbox"/>
Strong family life	32.2% (49)	32.8% (41)	28.9% (41)	<input type="checkbox"/>
Religious or spiritual values	25.0% (38)	31.2% (39)	28.2% (40)	<input type="checkbox"/>
Good schools	23.7% (36)	27.2% (34)	19.0% (27)	<input type="checkbox"/>
Healthy behaviors and lifestyles	34.2% (52)	31.2% (39)	16.9% (24)	<input checked="" type="checkbox"/>
Access to healthy foods			16.2% (23)	<input type="checkbox"/>
Community involvement	8.6% (13)	13.6% (17)	16.2% (23)	<input type="checkbox"/>
Low crime/safe neighborhoods	19.7% (30)	11.2% (14)	14.8% (21)	<input type="checkbox"/>
Affordable housing	9.2% (14)	10.4% (13)	12.7% (18)	<input type="checkbox"/>
Childcare/afterschool programs	7.2% (11)	8.0% (10)	9.9% (14)	<input type="checkbox"/>
Transportation services	8.6% (13)	4.8% (6)	4.9% (7)	<input type="checkbox"/>
Clean environment	13.8% (21)	4.0% (5)	4.2% (6)	<input checked="" type="checkbox"/>
Low death and disease rates	6.6% (10)	0.0% (0)	2.8% (4)	<input checked="" type="checkbox"/>
Tolerance for diversity	1.3% (2)	4.0% (5)	2.8% (4)	<input type="checkbox"/>
Parks and recreation	0.7% (1)	0.8% (1)	1.4% (2)	<input type="checkbox"/>
Arts and cultural events	0.0% (0)	0.8% (1)	0.7% (1)	<input type="checkbox"/>
Low level of domestic violence	2.0% (3)	0.8% (1)	0.7% (1)	<input type="checkbox"/>
Other	2.0% (3)	1.6% (2)	2.8% (4)	<input type="checkbox"/>

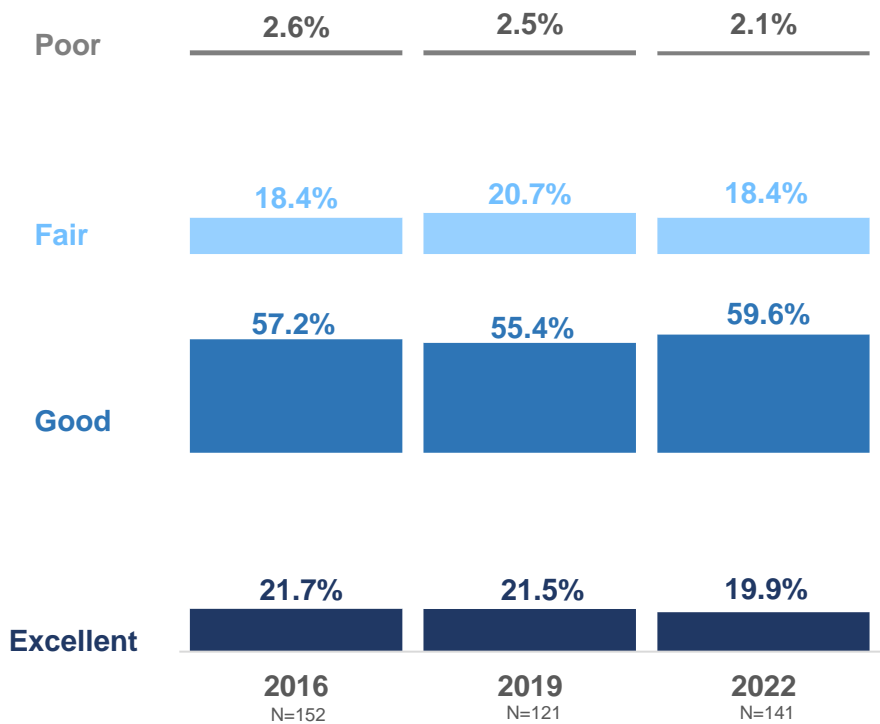
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=1) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Healthy diet”

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available through Daniels Memorial Healthcare Center. Fifty-nine point six percent (n=84) of respondents rated their knowledge of health services as “Good.” “Excellent” was selected by 19.9% percent (n=28), and “Fair” was chosen by 18.4% of respondents (n=26).

Nearly 60% of respondents rate their knowledge of health services at DMHC as **good**



How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was “Friends/family” at 68.5% (n=98). “Healthcare provider” was next at 62.9% (n=90), followed by “Word of mouth/reputation” at 52.4% (n=75).

How Respondents Learn about Community Health Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	152	125	143	
Friends/family	70.4% (107)	69.6% (87)	68.5% (98)	<input type="checkbox"/>
Healthcare provider	52.0% (79)	52.0% (65)	62.9% (90)	<input type="checkbox"/>
Word of mouth/reputation	67.1% (102)	66.4% (83)	52.4% (75)	<input checked="" type="checkbox"/>
Newspaper	57.9% (88)	46.4% (58)	44.1% (63)	<input checked="" type="checkbox"/>
Social media	11.2% (17)	10.4% (13)	19.6% (28)	<input checked="" type="checkbox"/>
Radio	22.4% (34)	22.4% (28)	18.9% (27)	<input type="checkbox"/>
Public health nurse	9.9% (15)	8.0% (10)	12.6% (18)	<input type="checkbox"/>
Mailings/newsletter	18.4% (28)	19.2% (24)	11.2% (16)	<input type="checkbox"/>
Website/internet	2.6% (4)	5.6% (7)	7.7% (11)	<input type="checkbox"/>
Presentations	3.9% (6)	4.0% (5)	1.4% (2)	<input type="checkbox"/>
Other	2.6% (4)	4.8% (6)	6.3% (9)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate all methods of receiving information, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Former DMHC employee (2)” and “Call the hospital/clinic”

View a cross tabulation of how respondents learn with how they rate their knowledge on p. 85

Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource at 92.9% (n=130). The “Dentist” was utilized by 85.0% (n=119) of respondents, followed by “Eye doctor” at 66.4% (n=93).

Use of Community Health Resources	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	125	140	
Pharmacy	86.4% (108)	92.9% (130)	<input type="checkbox"/>
Dentist	79.2% (99)	85.0% (119)	<input type="checkbox"/>
Eye doctor		66.4% (93)	<input type="checkbox"/>
Chiropractor	39.2% (49)	39.3% (55)	<input type="checkbox"/>
Fitness center	20.0% (25)	18.6% (26)	<input type="checkbox"/>
Public health	6.4% (8)	14.3% (20)	<input checked="" type="checkbox"/>
Senior Center	15.2% (19)	8.6% (12)	<input type="checkbox"/>
Meals on Wheels	4.8% (6)	6.4% (9)	<input type="checkbox"/>
Mental health	2.4% (3)	2.1% (3)	<input type="checkbox"/>
Food bank	1.6% (2)	0.7% (1)	<input type="checkbox"/>
Home care services	3.2% (4)	0.7% (1)	<input type="checkbox"/>
Substance abuse services	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	7.2% (9)	2.1% (3)	<input checked="" type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select all other community health resources used, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Physical therapy”

Improve Community's Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community's access to healthcare. The majority of respondents (43.9%, n=58 each) reported that "More specialists" and "Enhanced Telemedicine" would make the greatest improvements. Forty-two point four percent of respondents (n=56) indicated "More primary care providers" would improve access which was a significant increase compared to previous years.

More specialists and Enhanced Telemedicine would make the greatest improvements

What Would Improve Community Access to Healthcare	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	152	125	132	
More specialists	33.6% (51)	36.8% (46)	43.9% (58)	<input type="checkbox"/>
Enhanced Telemedicine	19.7% (30)	29.6% (37)	43.9% (58)	<input checked="" type="checkbox"/>
More primary care providers	28.3% (43)	30.4% (38)	42.4% (56)	<input checked="" type="checkbox"/>
More information about available services		30.4% (38)	27.3% (36)	<input type="checkbox"/>
Payment assistance programs (healthcare expenses)			26.5% (35)	<input type="checkbox"/>
Improved quality of care	27.0% (41)	20.8% (26)	22.7% (30)	<input type="checkbox"/>
Outpatient services expanded hours	15.1% (23)	25.6% (32)	16.7% (22)	<input type="checkbox"/>
Greater health education services	14.5% (22)	17.6% (22)	15.2% (20)	<input type="checkbox"/>
Transportation assistance	13.8% (21)	20.8% (26)	14.4% (19)	<input type="checkbox"/>
Cultural sensitivity	2.6% (4)	0.8% (1)	2.3% (3)	<input type="checkbox"/>
Interpreter services	0.0% (0)	0.0% (0)	1.5% (2)	<input type="checkbox"/>
Other	7.2% (11)	8.0% (10)	9.1% (12)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select any items that would improve community access to healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

"Other" comments included: "Expanded on-call hours" and "Physician retention"

Interest in Educational Classes/Programs (Question 8)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/program was “Women’s health” at 34.7% (n=41). Interest in “Health and wellness” followed with 32.2% (n=38), while 30.5% of respondents (n=36) were interested in “Weight loss.”

Interest in Classes or Programs	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	152	125	118
Women’s health	25.7% (39)	19.2% (24)	34.7% (41)
Health and wellness	22.4% (34)	28.8% (36)	32.2% (38)
Weight loss	20.4% (31)	25.6% (32)	30.5% (36)
Nutrition	16.4% (25)	21.6% (27)	28.8% (34)
Living will	12.5% (19)	17.6% (22)	25.4% (30)
Alzheimer’s	13.2% (20)	12.8% (16)	23.7% (28)
Fitness	25.7% (39)	16.8% (21)	23.7% (28)
Mental health	9.9% (15)	12.0% (15)	22.9% (27)
First aid/CPR	11.2% (17)	18.4% (23)	19.5% (23)
Grief counseling	5.9% (9)	9.6% (12)	17.8% (21)
Heart disease	15.1% (23)	13.6% (17)	17.8% (21)
Diabetes	10.5% (16)	16.8% (21)	16.9% (20)
Cancer	14.5% (22)	12.8% (16)	16.1% (19)
Support groups	12.5% (19)	13.6% (17)	12.7% (15)
Men’s health	15.1% (23)	8.8% (11)	9.3% (11)
Worksite wellness		6.4% (8)	8.5% (10)
Parenting	3.9% (6)	4.8% (6)	6.8% (8)
Alcohol/substance abuse	6.6% (10)	4.0% (5)	4.2% (5)
Prenatal	1.3% (2)	1.6% (2)	3.4% (4)
Smoking/tobacco cessation	3.3% (5)	3.2% (4)	2.5% (3)
Other	2.0% (3)	3.2% (4)	2.5% (3)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful

change when one may not exist. Respondents were asked to pick all classes or programs that are of interest, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

Utilization of Preventive Services (Question 9)

Respondents were asked about the preventive services they had utilized, the service with the most responses was “Dental check (every 6 months)” at 70.0% (n=98) of respondents. “Vision check (every 1-2 years)” was next at 67.9% (n=95) of responses, followed closely by “Flu shot/immunizations” at 64.3% (n=90) of respondents.

Use of Preventive Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	152	125	140	
Dental check (every 6 months)		68.8% (86)	70.0% (98)	<input type="checkbox"/>
Vision check (every 1-2 years)		73.6% (92)	67.9% (95)	<input type="checkbox"/>
Flu shot/immunizations	60.5% (92)	60.8% (76)	64.3% (90)	<input type="checkbox"/>
Routine blood pressure check (yearly)	51.3% (78)	60.8% (76)	60.0% (84)	<input type="checkbox"/>
Routine health checkup (yearly)	48.0% (73)	55.2% (69)	53.6% (75)	<input type="checkbox"/>
Cholesterol check (every 1-5 years)	52.0% (79)	50.4% (63)	45.0% (63)	<input type="checkbox"/>
Mammography (every 1-2 years)	32.2% (49)	38.4% (48)	40.7% (57)	<input type="checkbox"/>
Colonoscopy (every 5-10 years)	30.9% (47)	40.8% (51)	40.0% (56)	<input type="checkbox"/>
Pap smear (every 3-5 years)	28.3% (43)	20.0% (25)	21.4% (30)	<input type="checkbox"/>
Medicare wellness visit (yearly)		20.8% (26)	19.3% (27)	<input type="checkbox"/>
Prostate (PSA) (every 1-2 years)		21.6% (27)	14.3% (20)	<input type="checkbox"/>
Hearing check (every 3-5 years)		11.2% (14)	12.1% (17)	<input type="checkbox"/>
Children’s checkup/Well baby	6.6% (10)	8.0% (10)	7.9% (11)	<input type="checkbox"/>
None	7.9% (12)	1.6% (2)	3.6% (5)	<input checked="" type="checkbox"/>
Mental health counseling		2.4% (3)	2.9% (4)	<input type="checkbox"/>
Other	3.3% (5)	4.0% (5)	1.4% (2)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventative services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

Desired Local Health Services (Question 10)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents expressed the most interest in “Telemedicine (virtual face-to-face with local provider)” at 40.7% (n=48). Thirty-four point seven percent (n=41) respondents were interested in “Dermatology” while 32.2% (n=38) desire “Assisted living” locally.

Desired Local Healthcare Services	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	152	125	118
Telemedicine (virtual face-to-face with local provider)			40.7% (48)
Dermatology		39.2% (49)	34.7% (41)
Assisted living	28.3% (43)	22.4% (28)	32.2% (38)
Hospice/end of life services	17.8% (27)	13.6% (17)	16.1% (19)
Mental health	7.2% (11)	17.6% (22)	13.6% (16)
Personal care services	10.5% (16)	10.4% (13)	9.3% (11)
VA Telemedicine	4.6% (7)	8.0% (10)	9.3% (11)
Cardiac rehabilitation	9.9% (15)	5.6% (7)	5.1% (6)
Family planning	2.0% (3)	4.0% (5)	4.2% (5)
Tobacco treatment/cessation	1.3% (2)	0.8% (1)	0.8% (1)
Other	3.3% (5)	1.6% (2)	4.2% (5)

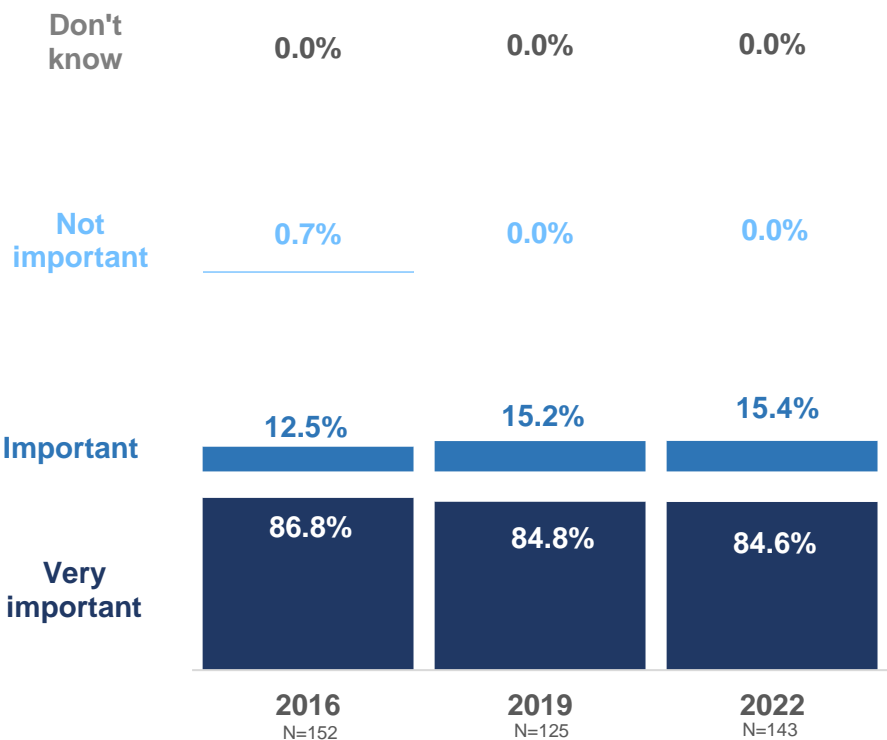
Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Respondents were asked to pick all desired local healthcare services that are of interest, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Ophthalmology” and “Colonoscopy/echocardiogram”

Economic Importance of Healthcare (Question 11)

The majority of respondents (84.6%, n=121) 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. Fifteen point four percent of respondents (n=22) indicated they are “Important,” and no respondents felt they are not important.

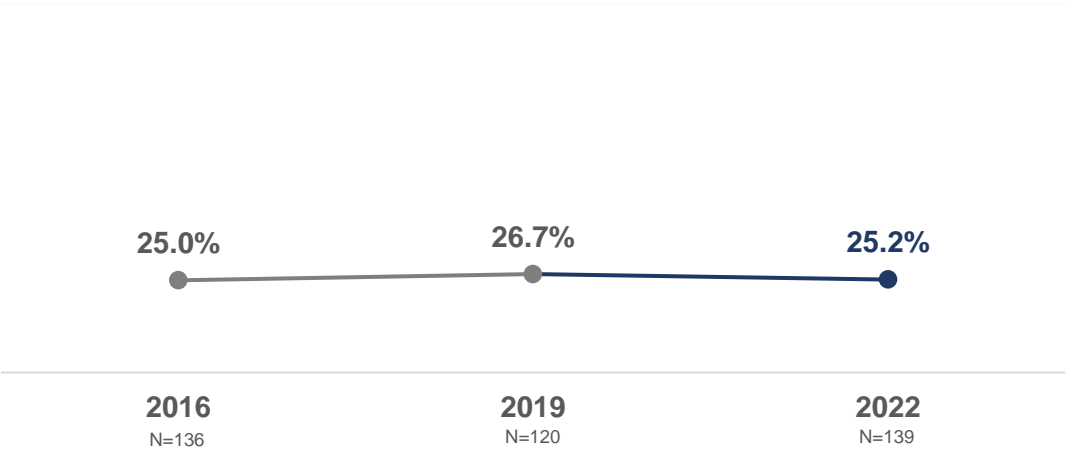
All 2022 respondents thought local healthcare providers and services were **Very important** or **Important** to the economic well-being of the area.



Delay of Services (Question 12)

Twenty-five point two percent of respondents (n=35) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Seventy-four point eight percent of respondents (n=104) felt they were able to get the healthcare services they needed without delay.

A quarter of 2022 respondents delayed or did not receive needed services



View a cross tabulation of where respondents live and ‘delay of healthcare services’ on p. 86

Reason for Not Receiving/Delaying Needed Services (Question 13)

For those who indicated they were unable to receive or had to delay services (n=35), the reason most cited was that they “It cost too much” (25.7%, n=9). “It was too far to go” was selected by 22.9% (n=8), while 20.0% of respondents (n=7) indicated “My insurance didn’t cover it.”

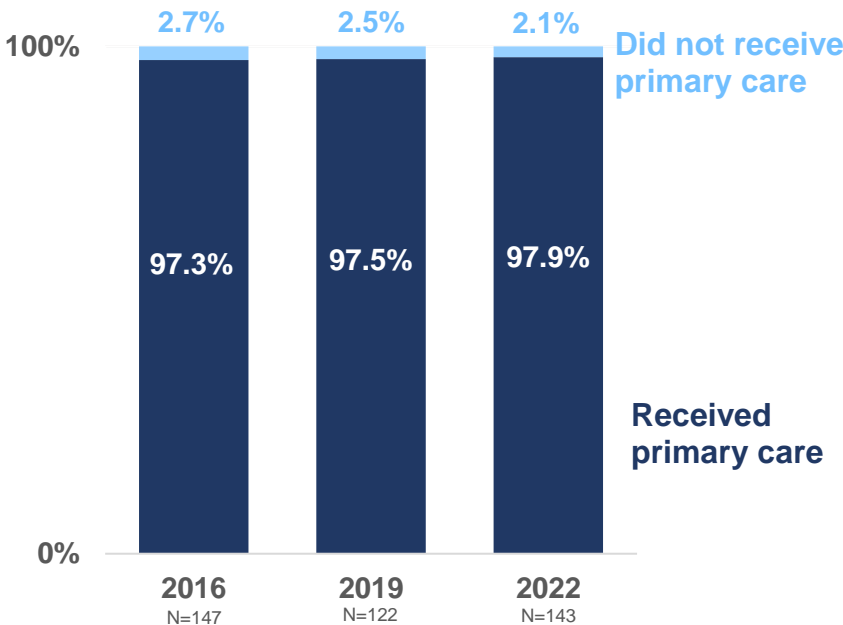
Reasons for Delay in Receiving Needed Healthcare	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	34	32	35	
It cost too much	41.2% (14)	21.9% (7)	25.7% (9)	<input type="checkbox"/>
It was too far to go	14.7% (5)	21.9% (7)	22.9% (8)	<input type="checkbox"/>
My insurance didn’t cover it	8.8% (3)	12.5% (4)	20.0% (7)	<input type="checkbox"/>
Too long to wait for an appointment	17.6% (6)	28.1% (9)	17.1% (6)	<input type="checkbox"/>
Could not get an appointment	23.5% (8)	40.6% (13)	14.3% (5)	<input checked="" type="checkbox"/>
Not treated with respect	17.6% (6)	0.0% (0)	11.4% (4)	<input type="checkbox"/>
Transportation problems	0.0% (0)	6.3% (2)	11.4% (4)	<input type="checkbox"/>
Don’t like doctors	38.2% (13)	12.5% (4)	8.6% (3)	<input checked="" type="checkbox"/>
Could not get off work	0.0% (0)	3.1% (1)	5.7% (2)	<input type="checkbox"/>
Had no one to care for the children	2.9% (1)	0.0% (0)	5.7% (2)	<input type="checkbox"/>
No insurance	14.7% (5)	9.4% (3)	5.7% (2)	<input type="checkbox"/>
Office wasn’t open when I could go	5.9% (2)	9.4% (3)	5.7% (2)	<input type="checkbox"/>
Too nervous or afraid	11.8% (4)	6.3% (2)	2.9% (1)	<input type="checkbox"/>
Unsure if services were available	8.8% (3)	0.0% (0)	2.9% (1)	<input type="checkbox"/>
COVID-19 barriers/concerns			0.0% (0)	<input type="checkbox"/>
Didn’t know where to go	11.8% (4)	3.1% (1)	0.0% (0)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	20.6% (7)	21.9% (7)	14.3% (5)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the top three reasons for a delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=2) who selected over the allotted amount were moved to “Other.”

Primary Care Services (Question 14)

Ninety-seven point nine percent of respondents (n=140) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Two point one percent of respondents (n=3) indicated they had not received primary care.

Primary care utilization has remained consistent across the previous assessments



Location of Primary Care Services (Question 15)

Of the 140 respondents who indicated receiving primary care services in the previous three years, 70.0% (n=98) reported receiving care in Scobey, and 4.3% of respondents (n=6, each) went to Billings and Plentywood. Seventeen respondents were moved to “other” due to selecting more than one primary care provider location.

Location of Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	132	105	140
Scobey	78.0% (103)	69.5% (73)	70.0% (98)
Billings		6.7% (7)	4.3% (6)
Plentywood	11.4% (15)	6.7% (7)	4.3% (6)
Glasgow	3.8% (5)	6.7% (7)	2.1% (3)
Sidney		2.9% (3)	2.1% (3)
Miles City		1.0% (1)	1.4% (2)
Wolf Point	1.5% (2)	0.0% (0)	1.4% (2)
Williston, ND		0.0% (0)	0.7% (1)
Culbertson		0.0% (0)	0.0% (0)
Glendive		0.0% (0)	0.0% (0)
Indian Health Services (IHS)	0.0% (0)	0.0% (0)	0.0% (0)
Online virtual provider (not local)			0.0% (0)
VA	0.8% (1)	1.9% (2)	0.0% (0)
Other	4.5% (6)	4.8% (5)	13.6% (19)
TOTAL	100.0% (132)	100.0% (105)	100.0% (140)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=17) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Poplar”

View a cross tabulation of where respondents live with where they utilize primary care services on p. 87

Reasons for Primary Care Provider Selection (Question 16)

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” was the most frequently selected reason at 62.1% (n=87) followed by “Prior experience with clinic” and “Clinic/provider’s reputation for quality” at 33.6% (n=47, each).

Reasons for Selecting Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	143	119	140	
Closest to home	65.7% (94)	58.8% (70)	62.1% (87)	<input type="checkbox"/>
Prior experience with clinic	51.7% (74)	42.9% (51)	33.6% (47)	<input checked="" type="checkbox"/>
Clinic/provider’s reputation for quality	25.2% (36)	25.2% (30)	33.6% (47)	<input type="checkbox"/>
Provider preference		25.2% (30)	30.7% (43)	<input type="checkbox"/>
Appointment availability	41.3% (59)	35.3% (42)	30.0% (42)	<input type="checkbox"/>
Recommended by family or friends	12.6% (18)	13.4% (16)	12.1% (17)	<input type="checkbox"/>
Privacy/confidentiality	11.9% (17)	10.1% (12)	8.6% (12)	<input type="checkbox"/>
Referred by physician or other provider	3.5% (5)	5.0% (6)	4.3% (6)	<input type="checkbox"/>
Length of waiting room time	7.0% (10)	4.2% (5)	2.1% (3)	<input type="checkbox"/>
Required by insurance plan	0.0% (0)	4.2% (5)	1.4% (2)	<input checked="" type="checkbox"/>
VA/Military requirement	2.1% (3)	3.4% (4)	0.7% (1)	<input type="checkbox"/>
Cost of care	1.4% (2)	2.5% (3)	0.7% (1)	<input type="checkbox"/>
Indian Health Services	0.0% (0)	0.8% (1)	0.0% (0)	<input type="checkbox"/>
Other	11.2% (16)	6.7% (8)	2.9% (4)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick the reasons for selection of their primary care provider, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

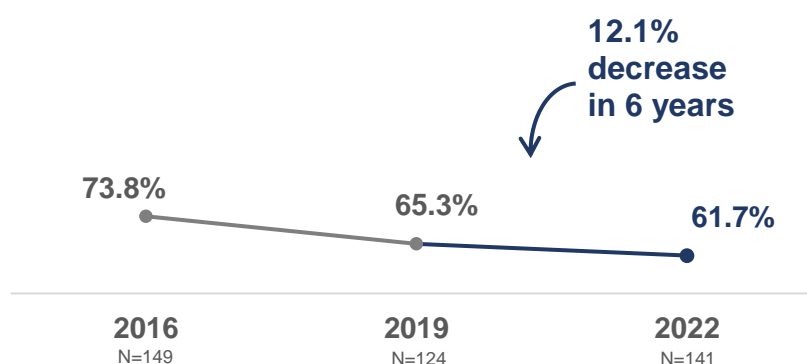
“Other” comments included: “Closest OB” and “Previous provider retired”

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 88

Hospital Care Services (Question 17)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-one point seven percent of respondents (n=87) reported that they or a member of their family had received hospital care during the previous three years, and 38.3% (n=54) had not received hospital services.

Utilization of hospital services has consistently declined since the 2016 assessment



Location of Hospital Services (Question 18)

Of the 87 respondents who indicated receiving hospital care in the last three years, 85 shared which hospital they use most often. Forty percent (n=34) reported receiving care in Scobey, while 34.1% (n=29) received services in Billings. Nine point four percent (n=8) of respondents received care in Sidney.

Hospital Used Most Often	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	98	74	85
Scobey	46.9% (46)	27.0% (20)	40.0% (34)
Billings	20.4% (20)	32.4% (24)	34.1% (29)
Sidney	0.0% (0)	10.8% (8)	9.4% (8)
Glasgow	12.2% (12)	9.5% (7)	8.2% (7)
Plentywood	11.2% (11)	8.1% (6)	2.4% (2)

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Williston, ND	3.1% (3)	1.4% (1)	1.2% (1)
Great Falls	1.0% (1)	0.0% (0)	0.0% (0)
Miles City		0.0% (0)	0.0% (0)
Minot, ND	1.0% (1)	1.4% (1)	0.0% (0)
VA	2.0% (2)	1.4% (1)	0.0% (0)
Wolf Point	1.0% (1)	0.0% (0)	0.0% (0)
Other	1.0% (1)	8.1% (6)	4.7% (4)
TOTAL	100.0% (98)	100.1% (74)	100.0% (85)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=4) who selected over the allotted amount were moved to "Other."

"Other" comments included: "Havre"

View a cross tabulation of where respondents live with where they utilize hospital services on p. 89

Reasons for Hospital Selection (Question 19)

Of the 87 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 62.1% (n=54). “Emergency, no choice” was selected by 36.8% of the respondents (n=32), and 34.5% (n=30) chose “Prior experience with hospital.”

Reasons for Selecting Hospital	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	110	81	87	
Closest to home	55.5% (61)	49.4% (40)	62.1% (54)	<input type="checkbox"/>
Emergency, no choice	32.7% (36)	29.6% (24)	36.8% (32)	<input type="checkbox"/>
Prior experience with hospital	52.7% (58)	49.4% (40)	34.5% (30)	<input checked="" type="checkbox"/>
Referred by physician or other provider	33.6% (37)	39.5% (32)	31.0% (27)	<input type="checkbox"/>
Hospital's reputation for quality	29.1% (32)	37.0% (30)	29.9% (26)	<input type="checkbox"/>
Recommended by family or friends	14.5% (16)	16.0% (13)	9.2% (8)	<input type="checkbox"/>
Required by insurance plan	0.9% (1)	3.7% (3)	3.4% (3)	<input type="checkbox"/>
Privacy/confidentiality			2.3% (2)	<input type="checkbox"/>
Closest to work	7.3% (8)	2.5% (2)	1.1% (1)	<input type="checkbox"/>
VA/Military requirement	4.5% (5)	2.5% (2)	1.1% (1)	<input type="checkbox"/>
Cost of care	2.7% (3)	2.5% (2)	0.0% (0)	<input type="checkbox"/>
Financial assistance programs		0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	9.1% (10)	7.4% (6)	6.9% (6)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=3) who selected over the allotted amount were moved to “Other.”

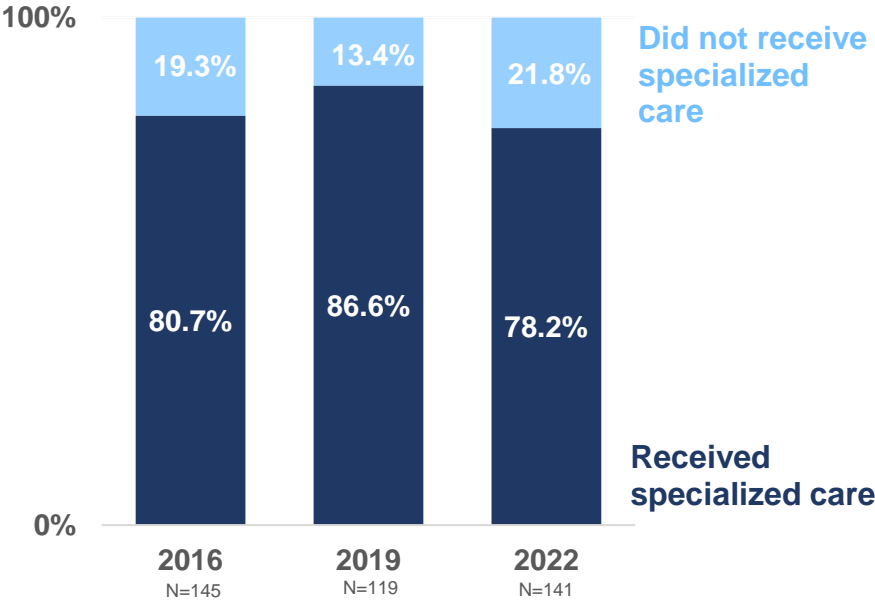
“Other” comments included: “Doctor on staff” and “Certain services are not available in Scobey”

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 90

Specialty Care Services (Question 20)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. Seventy-eight point two percent of the respondents (n=111) indicated they or a household member had seen a healthcare specialist during the past three years, while 21.8% (n=31) indicated they had not.

Majority of the 2022 respondents saw a specialist in the past 3 years



Location of Healthcare Specialist(s) (Question 21)

Of the 111 respondents who indicated they saw a healthcare specialist in the past three years, 65.8% (n=73) sought care in Billings. Thirty-six point nine percent of respondents (n=41) utilized specialty services in Glasgow, while 29.7% of respondents (n=33) received specialty care in Sidney.

Location of Specialist	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	117	103	111	
Billings	72.6% (85)	74.8% (77)	65.8% (73)	<input type="checkbox"/>
Glasgow	37.6% (44)	32.0% (33)	36.9% (41)	<input type="checkbox"/>
Sidney	15.4% (18)	15.5% (16)	29.7% (33)	<input checked="" type="checkbox"/>
Scobey	47.9% (56)	15.5% (16)	23.4% (26)	<input checked="" type="checkbox"/>
Williston, ND	17.1% (20)	19.4% (20)	8.1% (9)	<input checked="" type="checkbox"/>
Great Falls	4.3% (5)	3.9% (4)	4.5% (5)	<input type="checkbox"/>
Plentywood	12.0% (14)	7.8% (8)	4.5% (5)	<input type="checkbox"/>
Miles City		2.9% (3)	2.7% (3)	<input type="checkbox"/>
Minot, ND	2.6% (3)	3.9% (4)	1.8% (2)	<input type="checkbox"/>
Glendive		1.9% (2)	0.9% (1)	<input type="checkbox"/>
VA	5.1% (6)	2.9% (3)	0.9% (1)	<input type="checkbox"/>
Wolf Point	5.1% (6)	0.0% (0)	0.0% (0)	<input checked="" type="checkbox"/>
Other	9.4% (11)	7.8% (8)	9.0% (10)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the location of any specialist seen in the past three years, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Helena,” “Havre (2),” “Kalispell (2),” and “Billings”

Type of Healthcare Specialist Seen (Question 22)

The survey respondents (n=106) saw a wide array of healthcare specialists in the past three years. The most frequently utilized specialist was an “Orthopedic surgeon” at 29.2% (n=31). A “Cardiologist” was seen by 22.6% of respondents (n=22) followed by the “Dermatologist” at 21.7% (n=23). Respondents were asked to choose all that apply, so the percentages do not equal 100%.

Type of Specialists Seen	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	117	103	106	
Orthopedic surgeon	26.5% (31)	25.2% (26)	29.2% (31)	<input type="checkbox"/>
Cardiologist	29.1% (34)	34.0% (35)	22.6% (24)	<input type="checkbox"/>
Dermatologist	25.6% (30)	21.4% (22)	21.7% (23)	<input type="checkbox"/>
Dentist	63.2% (74)	18.4% (19)	17.0% (18)	<input checked="" type="checkbox"/>
Physical therapist	29.9% (35)	11.7% (12)	17.0% (18)	<input checked="" type="checkbox"/>
Radiologist	20.5% (24)	13.6% (14)	16.0% (17)	<input type="checkbox"/>
Optometrist	42.7% (50)	21.4% (22)	13.2% (14)	<input checked="" type="checkbox"/>
ENT (ear/nose/throat)	12.8% (15)	5.8% (6)	12.3% (13)	<input type="checkbox"/>
Ophthalmologist	12.8% (15)	10.7% (11)	12.3% (13)	<input type="checkbox"/>
Neurologist	8.5% (10)	8.7% (9)	11.3% (12)	<input type="checkbox"/>
Gastroenterologist	7.7% (9)	15.5% (16)	10.4% (11)	<input type="checkbox"/>
OB/GYN	16.2% (19)	12.6% (13)	10.4% (11)	<input type="checkbox"/>
Audiologist		6.8% (7)	8.5% (9)	<input type="checkbox"/>
Oncologist	7.7% (9)	2.9% (3)	8.5% (9)	<input type="checkbox"/>
Urologist	13.7% (16)	15.5% (16)	8.5% (9)	<input type="checkbox"/>
General surgeon	14.5% (17)	11.7% (12)	7.5% (8)	<input type="checkbox"/>
Endocrinologist	8.5% (10)	11.7% (12)	6.6% (7)	<input type="checkbox"/>
Pulmonologist	4.3% (5)	9.7% (10)	6.6% (7)	<input type="checkbox"/>
Podiatrist	8.5% (10)	8.7% (9)	5.7% (6)	<input type="checkbox"/>
Allergist	3.4% (4)	4.9% (5)	4.7% (5)	<input type="checkbox"/>
Chiropractor	33.3% (39)	7.8% (8)	4.7% (5)	<input checked="" type="checkbox"/>
Pediatrician	3.4% (4)	1.9% (2)	3.8% (4)	<input type="checkbox"/>

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Rheumatologist	5.1% (6)	3.9% (4)	3.8% (4)	<input type="checkbox"/>
Neurosurgeon	5.1 (6)	1.9 (2)	2.8% (3)	<input type="checkbox"/>
Occupational therapist	4.3% (5)	2.9% (3)	2.8% (3)	<input type="checkbox"/>
Dietician	1.7% (2)		1.9% (2)	<input type="checkbox"/>
Mental health counselor	0.9% (1)	2.9% (3)	1.9% (2)	<input type="checkbox"/>
Geriatrician	0.0% (0)	0.0% (0)	0.9% (1)	<input type="checkbox"/>
Psychiatrist (M.D.)	0.9% (1)	1.0% (1)	0.9% (1)	<input type="checkbox"/>
Substance abuse counselor	0.0% (0)	1.0% (1)	0.9% (1)	<input type="checkbox"/>
Psychologist	0.9% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Social worker	0.0% (0)	1.0% (1)	0.0% (0)	<input type="checkbox"/>
Speech therapist	2.6% (3)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	3.4% (4)	7.8% (8)	12.3% (13)	<input checked="" type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate each type of specialist seen, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Cancer (2),” “Nephrologist (2),” and “Therapist”

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

Respondents were asked to rate various services available through Daniels Memorial Healthcare Center using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The service that received the highest score was "Physical therapy" with a rating of 3.7 out of 4.0 (n=80), "Immunizations" at 3.6 (n=113), and "Radiology", "MRI", "Occupational Therapy", and "Laboratory all at 3.5. Overall, the average rating of quality for the health services listed through DMHC was 3.4 out of 4.0.

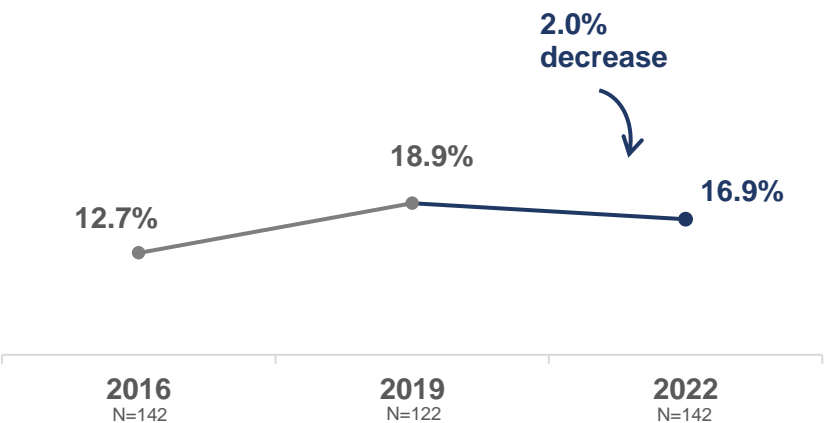
Quality of Care Rating at Daniels Memorial Healthcare Center	2016 Average (n)	2019 Average (n)	2022 Average (n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4				
Total number of respondents	135	108	134	
Physical therapy	3.4 (68)	3.6 (67)	3.7 (80)	■
Immunizations	3.4 (89)	3.5 (78)	3.6 (113)	■
Radiology	3.4 (72)	3.4 (48)	3.5 (73)	□
MRI		3.1 (19)	3.5 (32)	□
Occupational therapy	3.3 (19)	3.4 (15)	3.5 (17)	□
Laboratory	3.5 (114)	3.4 (92)	3.5 (123)	□
CT Scan	3.3 (62)	3.4 (52)	3.4 (70)	□
Mammography		3.3 (29)	3.4 (48)	□
Ultrasound	3.4 (17)	3.3 (25)	3.4 (34)	□
Family practice	3.2 (105)	3.5 (93)	3.4 (108)	■
Emergency room	3.4 (93)	3.4 (73)	3.4 (103)	□
Speech therapy	2.9 (9)	2.4 (9)	3.2 (5)	□
Telemedicine	3.3 (20)	3.2 (20)	3.0 (20)	□
Long term care	3.3 (41)	3.0 (26)	2.9 (22)	□
Adult day care	3.4 (22)	3.0 (11)	2.8 (13)	□
Overall average	3.3 (135)	3.4 (108)	3.4 (134)	□

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

Depression (Question 24)

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. Sixteen point nine percent of respondents (n=24) indicated they had experienced periods of depression, and 83.1% of respondents (n=118) indicated they had not.

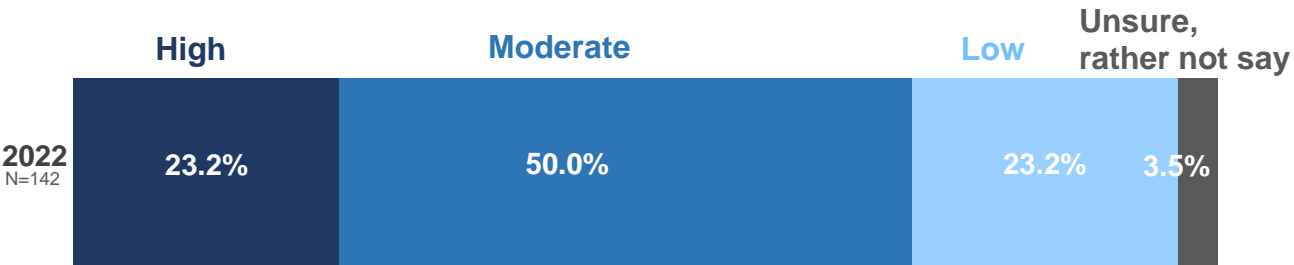
Less respondents report experiencing periods of depression since the last assessment



Perception of Stress (Question 25)

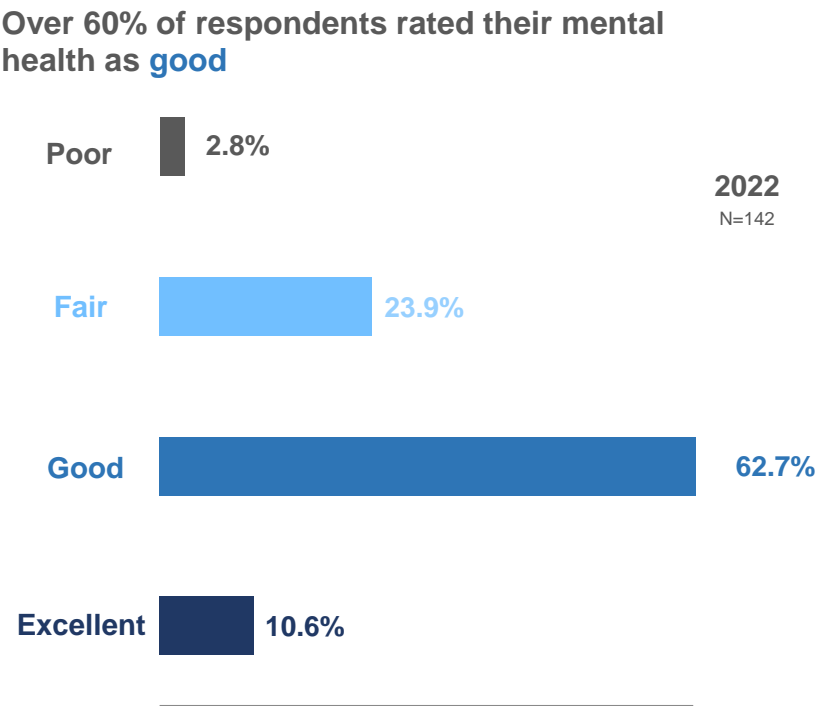
Respondents were asked to indicate how they would describe their stress level over the past year. Fifty percent of respondents (n=71) indicated they experienced a moderate level of stress, 23.2% (n=33, each) had a high or low level of stress, and 3.5% of respondents (n=5) indicated they were unsure or would rather not say.

73.2% of respondents describe their stress level in the past year as moderate or high.



Rating of Mental Health (Question 26)

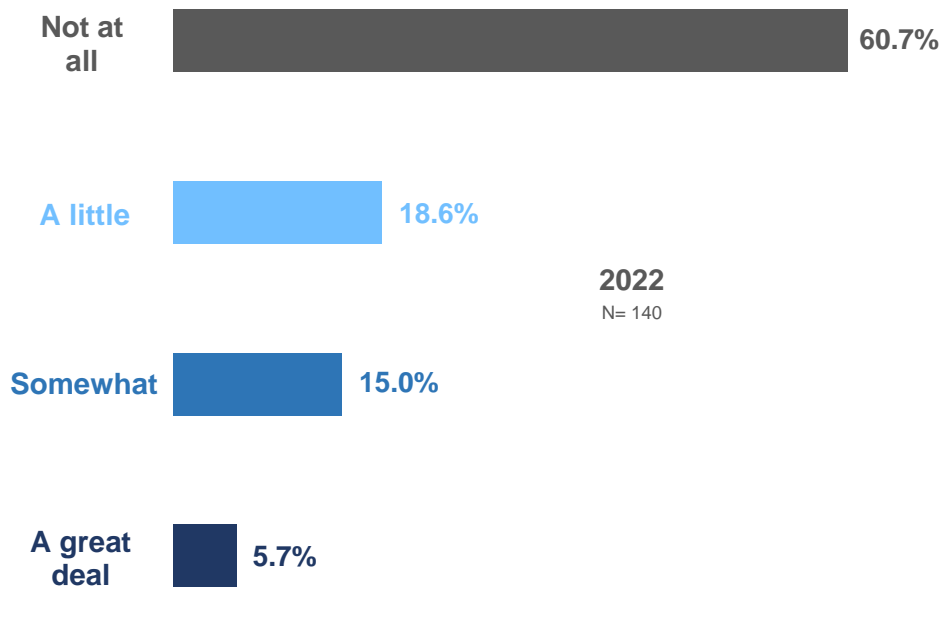
Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Sixty-two point seven percent of respondents (n=89) felt their mental health was “Good,” 23.9% (n=34) rated their mental health as “Fair”, and 10.6% of respondents (n=23) felt their mental health was “Excellent”.



Impact of Substance Abuse (Question 27)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs. Sixty point seven percent of respondents (n=85) indicated their life was “Not at all” affected. Eighteen point six percent of respondents (n=26) indicated they were “A little” negatively affected, while 15.0% of respondents (n=21) indicated their life was affected “Somewhat” by their own or someone else’s substance abuse issues.

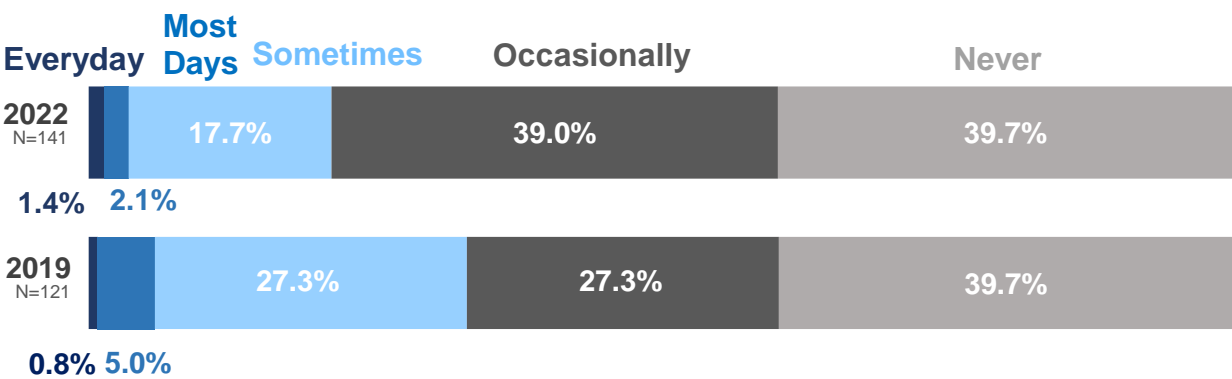
Nearly one in six respondents were **somewhat affected** by their own or someone else's substance use issues



Lonely or Isolated (Question 28)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Thirty-nine point seven percent of respondents (n=56) indicated they never felt lonely or isolated, and 39.0% of respondents (n=55) indicated they occasionally (1-2 days per month) felt lonely or isolated. Seventeen point seven percent (n=25) reported they felt lonely or isolated sometimes (3-5 days per month).

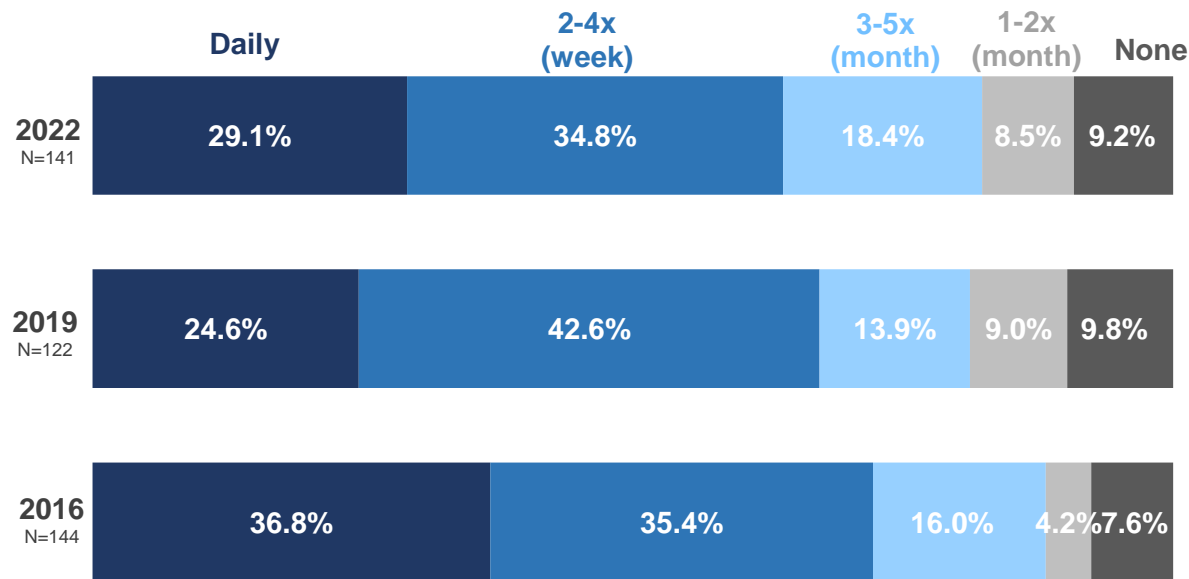
78.7% of respondents either never felt lonely or occasionally felt lonely (1-2 days per month) in the past year



Physical Activity (Question 29)

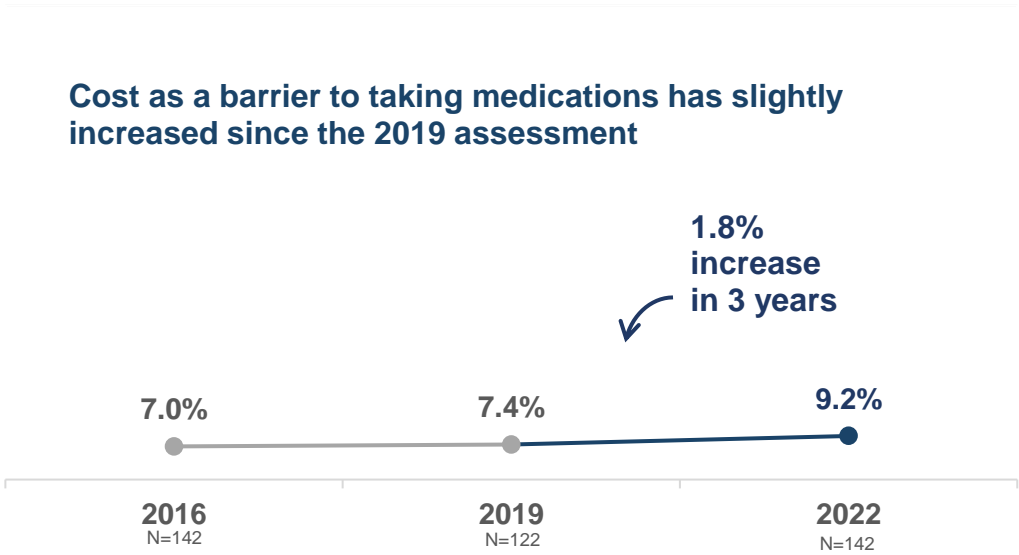
Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Twenty-nine point one percent of respondents (n=41) indicated they had physical activity “Daily,” and 34.8% (n=49) indicated they had physical activity of at least twenty minutes “2-4 times per week.” Nine point two percent of respondents (n=13) indicated they had “No physical activity.”

63.9% of 2022 respondents report being physically active **Daily or 2-4 per week**



Difficulty Getting Prescriptions (Question 30)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Nine point two percent of respondents (n=13) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Eighty-six point six percent of respondents (n=123) indicated that they did not have trouble getting or taking prescriptions, while 4.2% of respondents (n=6) stated it was not a pertinent question for them.



Food Insecurity (Question 31)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 97.9% (n=139), were not worried, but 2.1% (n=3) were concerned about not having enough to eat.

The majority of respondents did not worry about having enough food



Injury Prevention (Question 32)

Respondents were asked to select which prevention measures they use regularly. The option selected most often was “Seat belt” at 82.1% (n=115) of respondents. Fifty percent (n=70) identified “Regular exercise” and 20.0% (n=28) selected “In home safety measures (ramps, rails, medical alert device, etc.)”. Respondents could select all that apply.

Prevention devices	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	125	140	
Seat belt	78.4% (98)	82.1% (115)	<input type="checkbox"/>
Regular exercise	44.8% (56)	50.0% (70)	<input type="checkbox"/>
In home safety measures (ramps, rails, medical alert device, etc.)	16.0% (20)	20.0% (28)	<input type="checkbox"/>
Child car seat/booster	12.8% (16)	12.1% (17)	<input type="checkbox"/>
Designated driver	13.6% (17)	10.7% (15)	<input type="checkbox"/>
Helmet	4.8% (6)	7.9% (11)	<input type="checkbox"/>
None	8.0% (10)	3.6% (5)	<input type="checkbox"/>
Injury prevention classes	0.8% (1)	0.0% (0)	<input type="checkbox"/>
Other	4.0% (5)	0.0% (0)	<input checked="" type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

Medical Insurance Type (Question 33)

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Twenty-seven point five percent (n=39) indicated they have “Employer sponsored” coverage. Twenty-three point two percent (n=33) indicated they have “Medicare” coverage, and 22.5% (n=32) selected “Other.”

Type of Health Insurance	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	127	113	142
Employer sponsored	32.3% (41)	24.8% (28)	27.5% (39)
Medicare	37.0% (47)	38.9% (44)	23.2% (33)
Private insurance/private plan	11.8% (15)	7.1% (8)	8.5% (12)
Health Insurance Marketplace	4.7% (6)	9.7% (11)	6.3% (9)
Medicaid	0.8% (1)	6.2% (7)	4.2% (6)
VA/military	2.4% (3)	1.8% (2)	2.8% (4)
Healthy MT Kids	0.8% (1)	0.9% (1)	2.1% (3)
Agricultural Corp. Paid	1.6% (2)	1.8% (2)	0.7% (1)
Christian Health Ministries			0.7% (1)
Health Savings Account	1.6% (2)	1.8% (2)	0.7% (1)
None/pay out of pocket	3.9% (5)	3.5% (4)	0.7% (1)
Indian Health	0.0% (0)	0.0% (0)	0.0% (0)
State/Other	0.8% (1)		0.0% (0)
Other	2.4% (3)	3.5% (4)	22.5% (32)
TOTAL	100.1% (127)	100.0% (113)	99.9% (142)

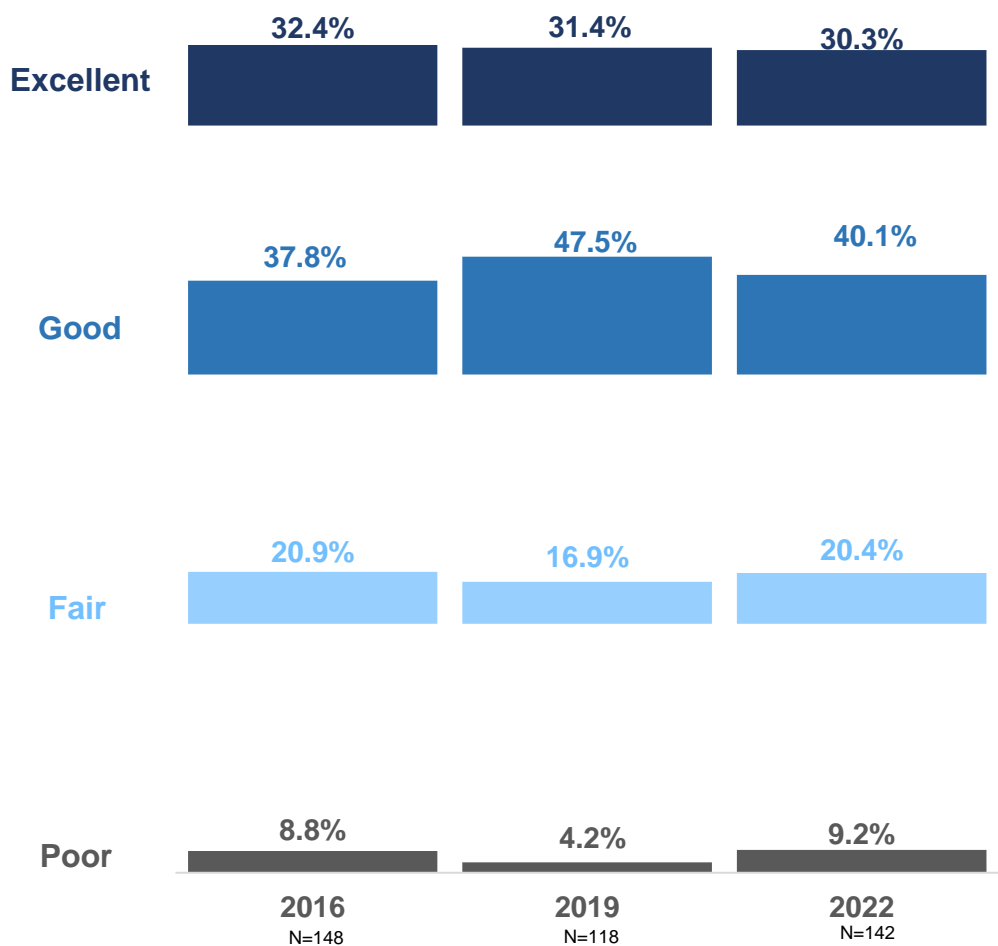
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=31) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “National General” and “Medicare supplement”

Insurance and Healthcare Costs (Question 34)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty point one percent of respondents (n=57) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty point three percent of respondents (n=43) indicated they felt their insurance covered an “Excellent” amount, and 20.4% of respondents (n=29) indicated they felt their insurance covered a “Fair” amount of their health costs.

70.4% of respondents feel that their health insurance offers excellent or good coverage



Barriers to Having Insurance (Question 35)

For those who indicated they did not have insurance (n=1), the top reasons selected for not having insurance was “Can’t afford to pay for health insurance” and “Employer does not offer insurance.” Respondents could select all that apply.

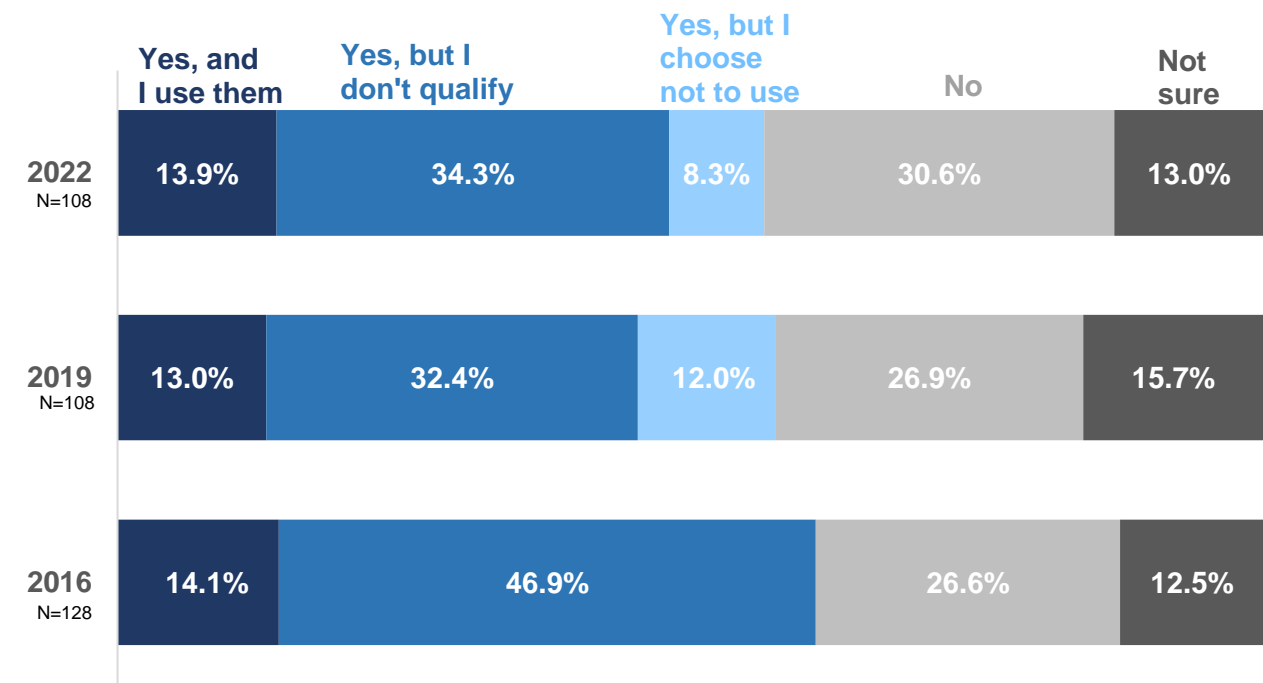
Reasons for No Health Insurance	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	5	4	1	
Can’t afford to pay for health insurance	60.0% (3)	75.0% (3)	100.0% (1)	<input type="checkbox"/>
Employer does not offer insurance	20.0% (1)	0.0% (0)	100.0% (1)	<input type="checkbox"/>
Choose not to have health insurance	20.0% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Too confusing/don’t know how to apply			0.0% (0)	<input type="checkbox"/>
Other	20.0% (1)	25.0% (1)	0.0% (0)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

Awareness of Health Cost Assistance Programs (Question 36)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty point six percent of respondents (n=33) indicated that they were not aware of health cost assistance programs, and 34.3% (n=37) indicated they were aware of these programs but did not qualify to utilize them.

30.6% of 2022 respondents are not aware of programs that help people pay for healthcare expenses





KEY INFORMANT INTERVIEW RESULTS

Key Informant Interview Methodology

Five key informant interviews were conducted in April 2022. Participants were identified as people living in Daniels Memorial Healthcare Center’s service area.

The five interviews were conducted over the telephone. The meetings lasted up to 15 minutes in length and followed the same line of questioning. Interview transcripts can be found in Appendix I. Interviews were facilitated by Montana Office of Rural Health staff.



Key Informant Interview Themes

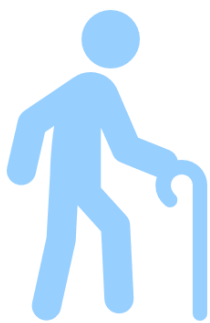
The following key findings, themes, and health needs emerged from the responses which participants gave to the line of questioning found in Appendix H.

MENTAL HEALTH



Mental health was acknowledged as a community issue by all five interviewees. This included access to services, lack of providers, and stigma associated with utilizing mental health services. One participant, in reference to DHMC, stated, “We are not equipped for mental health, we do the best we can with what we have. We did add a nurse practitioner to assist with psychiatric medication and services.” Another interviewee noted, “We need to find a way to connect our small population to more services, even if that is online through telehealth.”

Community members also noted that there is a lack of programs and support groups to assist people with mental health. Participants also noted that community members often have to travel long distances if they would like to see a licensed professional. One key informant mentioned, “We do not have the staff or resources for patients who need to be on a safety watch, we heavily rely on 1-on-1 care at that point.”



Senior Services

Senior services were also identified among the majority of interviewees, as a need for the community. Several community members stated that there is a large aging population within Scobey and the services that they do have are often exhausted. One participant mentioned, “Our nursing home has more demand than they have available space.” They also noted, “Assisted living is a huge need in the community, we have no services for folks needing that type of care.” Limited occupancy and staffing concerns were common senior service issues throughout the key informant interviews.

Additionally, public transportation and limited home health services were noted as concerns relating to seniors. An interviewee stated, “We struggle with home health in our area, and we have limited availability for long term care.” When asked about important local health care issues, another community member said, “Transportation for follow-up care and specialty care outside of Scobey. We do not have great public transportation for outside travel; the bus will only travel to Plentywood or Wolf Point.”

SERVICES NEEDED IN THE COMMUNITY



- More mental health resources and providers
- Women’s health
- More child specific care available locally (mental health and pediatrics)
- Increased health education outreach and fitness opportunities
- Child day-care
- Increased telehealth
- On staff physician
- Expanded PT services
- Enhanced laboratory services
- Incorporating DEXA scan
- Support groups for mental and behavioral health
- Expand senior services



EXECUTIVE SUMMARY

Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Interviews
Access to Healthcare Services			
Barriers to access			
More primary care providers	⊗	✓	☑
Specialty services (i.e., Orthopedics, cardiology, mental health, pediatrics)	⊗	✓	☑
Expanded child-care (pediatrics and day-care)		✓	☑
Additional telehealth services		✓	☑
Cost of services			
Affordability and insurance	⊗	✓	☑
Healthcare navigator (i.e., Assistance signing up for insurance, Medicare, or Medicaid)		✓	☑
Improved laboratory services		✓	☑
Senior Services			
Larger Percentage of Veterans	⊗		
Home health and hospice		✓	☑
Large population > 65 years of age	⊗	✓	
Chronic Disease Prevention			
Overweight/obesity/physical inactivity	⊗	✓	☑
Cancer	⊗	✓	☑
Heart Disease		✓	☑
Mental and Behavioral Health			
More mental health services/resources	⊗	✓	☑
Alcohol/substance abuse	⊗	✓	☑

Summary continued on the next page

Support groups**Socioeconomic and Health Measures***Cancer**Affordable housing**Access to healthy food options**Vaccination [i.e., children up-to-date (UTD), HPV
UTD, vaccine preventable diseases]*



NEXT STEPS & RESOURCES

Prioritization of Health Needs

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

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

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

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

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

Available Community Resources

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

- Daniels County Schools
- Beacon Community Foundation
- Daniels County Chamber of Commerce
- Mental Health America of Montana
- Daniels County 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
- Montana Hospital Association (MHA)

Evaluation of Previous CHNA & Implementation Plan

Daniels Memorial Healthcare Center provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The DMHC Board of Directors approved its previous implementation plan in 2019. The plan prioritized the following health issues:

- Access to healthcare services
- Health and Wellness
- Mental Health

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

Goal 1: Improve access to healthcare services in Daniels County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Increase access to primary care services at Daniels Memorial Healthcare Center	Conduct feasibility study of expanded clinic hours	For the 21 months that we offered the expanded clinic hours, the total patients seen were 8,603 and from that number 124 were seen in the expanded time slots.	At this time, we do not have the space and are waiting on the board's decision of rebuilding or remodeling to determine if we would be able to offer expanded hours. Also assessing if it would benefit us at that time if we have provider availability.
	Evaluate impact of expanded hours (time, appointments, workforce, and pharmacy) and make adjustments as necessary	The number of patients that used our after-hours services was 124 of out of a total of 8603.	This was found to not be beneficial to the facility and we will review the possibility of doing it again in the future if need be
	Continue efforts to recruit a physician to expand service availability	With the COVID-19 Pandemic we have been unsuccessful in obtaining providers that are willing and capable of traveling. (General Surgery & OB from Glasgow)	Will explore other modalities for expanding service availability and continue to attempt to recruit additional primary care providers
	Create outreach regarding services that Advanced Practice Providers can provide and educate on how Daniels Memorial Healthcare Center is working to expand desired primary care services	Looking into a possible expansion which would allow for more services to meet more of our community's needs.	Providing additional services through DMHC and educating the community to increase access and knowledge of those available services.

Strategy 1.2: Explore opportunities to enhance access to specialty care in Daniels County	Determine opportunities to enhance specialty services via telemedicine at Daniels Memorial Healthcare Center	Telemedicine is available for specialty care services	Expanded specialty care services that are offered through DMHC and partners
	Improve education and outreach for staff and community about available specialty services via telehealth	Currently working with staff to develop and implement DMHC specialty care outreach plan	Enhanced knowledge of specialty care services available through DMHC
	Explore opportunities to expand current specialty services at Daniels Memorial Healthcare Center (Echocardiograms, expanded ultrasound, women's health)	Capability to offer Echo and Ultrasound	Difficulties offering these specialty care services due to staffing shortages
Strategy 1.3: Support local transportation services that assist County residents in accessing healthcare services in the region	Continue Daniels Memorial Healthcare Center's participation on Daniels County Transportation Committee in supporting local transportation services	The hours of operation for local county transportation have been extended offering more flexibility	Increased ridership and improved the community's ability to access transportation for doctor's appointments, grocery shopping, etc.
Strategy 1.4: Support and expand senior services that assist Daniels County Seniors to age in place	Explore feasibility of offering home care services through Daniels Memorial Healthcare Center (assess potential partners)	We do not have the available staff at this time.	Explore potential partnerships to accommodate for staffing shortages where possible
	Explore feasibility of offering assisted living services through Daniels Memorial Healthcare Center (assess potential partners)	Not feasible with our current facility.	Community members must look outside of our local area or wait for an opening to become available.
	Continue to provide services (visiting nurse, adult daycare, footcare clinic, lifeline, whirlpool) that assist seniors to age in place	We have lifeline now along with whirlpool	Continue to provide senior services but many efforts have been delayed due to the pandemic
	Continue to provide access to healthy meals through Meals on Wheels program for seniors in Daniels County	We continue to offer meals on wheels in our community.	Improved food access and availability for seniors who may otherwise have difficulty

Goal 2: Enhance Daniels Memorial Healthcare Center's support of and outreach for health and wellness in Daniels County

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 2.1: Support community programs and events that encourage healthy	Continue to support community health and wellness programs and events that promote healthy behaviors and activities	The hospital foundation sponsors a golf classic annually to raise funds for our facility. Exploring the option of sport physicals at	Improved outreach and awareness of healthy behaviors and lifestyles. Enhanced community engagement and knowledge

behaviors and lifestyles	(Sponsor Tower Hill Walk and Golf Tournament, provide sports physicals at local schools, provide space for various classes and access to PT facility and equipment, participate in Day of Service community event targeted to local veterans)	the local school. The PT department equipment is open to the public when not being used for PT patients. A Day of Service is held to recognize veterans and care packages were put together	regarding wellness programs and events in the community
	Explore new modalities (social media, other) to promote health wellness, and provide information to community	The facility recognizes different health days and special months to increase awareness through the community via radio, local newspaper and Facebook page.	Enhanced community outreach of wellness events and opportunities using well-known, local, information sources.

Goal 3: Improve access to mental health services at Daniels Memorial Healthcare Center

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 3.1: Explore opportunities to advance access to mental health services	Convene staff workgroup to identify/evaluate potential mental health opportunities, current resources, and barriers challenging access to mental health services	Amcor workers addressing barriers.	Expanded workforce to improve access and availability of mental health services available
	Explore expanded use of telehealth mental health services	Expanded use has been accomplished for our community as our local options have been booked and hard to get appointments.	Helping more people being able to be seen instead of waiting to get in somewhere. It is improving but there is still more work that needs to be done.
	Determine community/regional partners and resources that support access to mental health services	A Behavior Health Provider has been hired onto our staff. QRP training through Mental Health LAC and Community Resource Center	Increased access to mental and behavioral health services, including increased training to improve quality of care
	Present mental health workgroup findings to facility staff and discuss next steps	Amcor workers will be presenting findings at a later date	In progress
Strategy 3.2: Continue support of current mental health efforts in Daniels County	Continue participation in Billings Clinic Suicide Prevention program providing services to providers in evaluating mental health needs presenting in ER via iPad	No longer offering the BCSP program but providers utilize PHQ questionnaires during appointments.	Enhanced DMHC's ability to detect and address mental and behavioral health needs

	Continue Daniels Memorial Healthcare Center's participation on Daniels County Local Mental Health Advisory Committee	Partnership with the Local Area Council, two DMHC employees serve on the committee	Quarterly meetings to discuss mental health needs and resources in the community
	Expand LCSW/LCPC services at Daniels Memorial Healthcare Center	Would like to have a counselor come on site one day a week.	Exploring the feasibility of recruiting a provider is still in progress
	Support Daniels Memorial Healthcare Center's Social Services Manager in partnering with local schools to implement the #LetsTalk app with local youth (provides an easy-to-use resource for things pertaining to mental health and suicide prevention)	The school kids all received shirts when they spoke with them. It was to be loaded on each child's i-pad, but due to lack of IT, it may not have been completed. The kids are educated on it and encouraged to put the app on their phones.	Engaging local youth to create awareness and education about mental health resources and opportunities for discussion when needed



APPENDICES

Appendix A- Steering Committee

<i>Steering Committee Member</i>	<i>Organization Affiliation</i>
<i>Kody Brinton</i>	CEO, Daniels Memorial Healthcare Center (DMHC)
<i>Jodi Braut</i>	Marketing and Executive Assistant, DMHC
<i>Deanna Ferestad</i>	FNP Provider, DMHC
<i>Dawn Hammerly</i>	Social Services, DMHC
<i>Beverly Lund</i>	Scobey Food Bank
<i>Lois Leibrand</i>	Daniels County Public Health
<i>Mary Nyhus</i>	Health Officer, Daniels County Public Health
<i>Sherie Anderberg</i>	Scobey Senior Center
<i>Greg Hardy</i>	Superintendent, Scobey School District
<i>Liana Handran</i>	Hospital District
<i>Morgan Lekvold</i>	City Official, Scobey
<i>Lee Humert</i>	Commissioner
<i>Inga Hawbaker</i>	Extension Agent, Montana State University (MSU) Extension, Daniels County



Appendix B- Public Health & Populations Consultation

Public Health & Populations Consultation - a leader or representative of populations such as medically underserved, low-income, minority and/or populations with chronic disease.

Name/Organization

<i>Kody Brinton</i>	CEO – Daniels Memorial Healthcare Center (DMHC)
<i>Jodi Braut</i>	Marketing and Executive Assistant - DMHC
<i>Dawn Hammerly</i>	Social Services - DMHC
<i>Greg Hardy</i>	Superintendent – Scobey Schools
<i>Lois Leibrand</i>	Daniels County Public Health
<i>Morgan Lekvold</i>	City Official, Scobey
<i>Lee Humert</i>	Daniels County Commissioner
<i>Mary Nyhus</i>	Daniels County Health Officer
<i>Sherie Anderberg</i>	Scobey Senior Center

Type of Consultation (Interview, Steering Committee, Focus Group, etc.)

First Steering Committee	February 25, 2022
Key informant interviews	March 2022
Second Steering Committee	June 10, 2022

Public and Community Health

- Can we ask on the questionnaire how long the recipient has lived in the county? It would be good to see if the unawareness of services are mostly among the new to the area.
- We should add “work/economic” stress as an option to the most serious health concerns!
- We should add “access to healthy foods” as an option for components of a healthy community.
- We have an eye doctor in town, so we should add them to question 6 (asking about community health resources).
- We should add an option for COVID-19 concerns/barriers as a reason for not accessing health services. For example, there’s some not wanting to be exposed to COVID, not wanting a COVID test for cold symptoms, not wanting to go through the “hoops” of COVID restrictions in healthcare facilities. Expressed concern that COVID protocols may be damaging the overall health of the community. We’ve seen some people leave to nearby communities for services because those institutions are no longer asking COVID survey questions.

- We have the mammography van coming regularly now, about once a month, so we probably don't need to include it on question 10 (additional health services)
- We should add a "general telemedicine" option to question 10, too.
- We should add a religious insurance option too.
- There are a lot of community members who still don't know how to apply for health insurance so I think we should add the "too confusing/don't know how to apply."
- The questions about rating stress, general mental health and substance abuse issues should be added for this area.
- It would be good to know how many people are using internet/telemedicine services such as ordering glasses online or receiving counseling online instead of in person services. I feel like this is missing from survey! Would it be worth it for a practitioner from the area to offer these services online to protect the privacy of people coming in and exposing that they are seeking care.

Population: Low-Income, Underinsured

- We should add "payment assistance programs" because of that high uninsured percentage!

Population: Youth

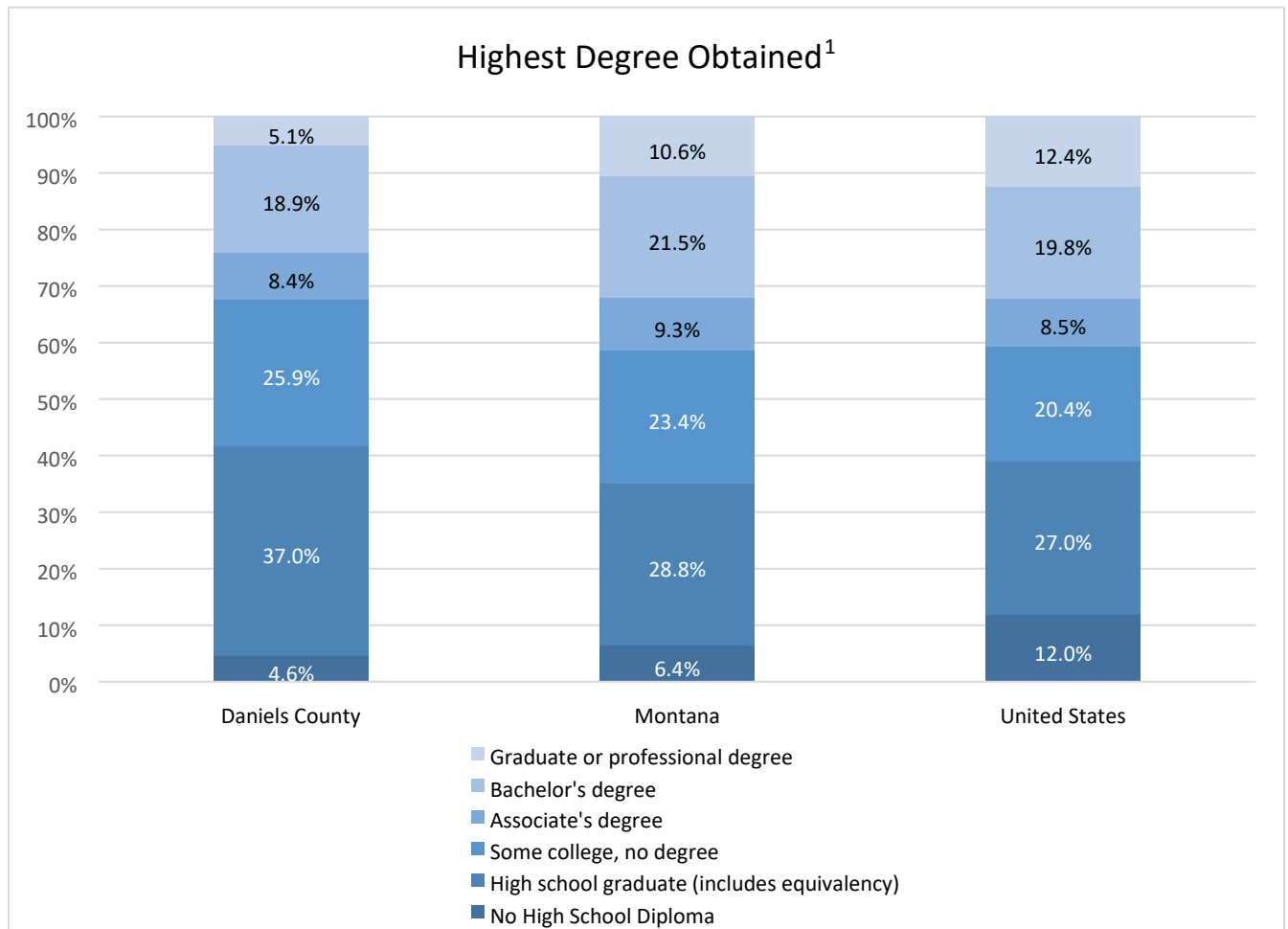
- I'm concerned about the 9% uninsured children under 18. That seems pretty high.

Appendix C- Daniels Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		1,730			1,050,649			324,697,795		
Population Density ¹		1.2			7.1			85.5		
Veteran Status ¹		9.6%			10.4%			7.3%		
Disability Status ¹		13.4%			13.6%			12.6%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		5.0%	52.8%	24.5%	5.8%	60.1%	18.2%	6.1%	61.7%	15.6%
Gender ¹		Male		Female	Male		Female	Male		Female
		53.5%		46.5%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹	White	96.0%			91.4%			75.3%		
	American Indian or Alaska Native	3.2%			8.3%			1.7%		
	Other [†]	1.2%			3.7%			26.5%		

¹ US Census Bureau - American Community Survey (2019)

[†] Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry



¹ US Census Bureau - American Community Survey (2019)

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$57,440	\$54,970	\$62,843
Unemployment Rate ¹	1.8%	4.0%	5.3%
Persons Below Poverty Level ¹	4.8%	13.1%	13.4%
Children in Poverty ¹	6.1%	15.8%	18.5%
Internet at Home ²	74.3%	81.5%	-
Households with Population Age 65+ Living Alone ²	184	52,166	-
Households Without a Vehicle ²	56	21,284	-
Households Receiving SNAP ²	17	56,724	-

Eligible Recipients of Free or Reduced Price Lunch³ <i>2019/2020 school year</i>	20.5%	42.9%	-
Enrolled in Medicaid^{4, 1}	6.0%	9.7%	19.8%
Uninsured Adults^{5, 6} Age <65	11.0%	12.0%	12.1%
Uninsured Children^{5, 6} Age <18	9.0%	6.0%	5.1%

¹ US Census Bureau - American Community Survey (2019), ² US Census Bureau - COVID-19 Impact Planning Report (2021), ³ Kids Count Data Center, Annie E. Casey Foundation (2020), ⁴ Medicaid Expansion Dashboard, MT-DPHHS (2020), ⁵ County Health Ranking, Robert Wood Johnson Foundation (2020), ⁶ Health Insurance Coverage, Centers for Disease Control and Prevention (CDC) (2019)

Maternal Child Health	County	Montana	Nation
General Fertility Rate^{* 7} <i>Per 1,000 Women 15-44 years of age (2017-2019)</i>	66.7	59.3	-
Preterm Births⁷ <i>Born less than 37 weeks (2017-2019)</i>	NA	9.4%	-
Adolescent Birth Rate⁷ <i>Per 1,000 years females 15-19 years of age (2017-2019)</i>	NA	18.3	-
Smoking during pregnancy^{3, 8}	NA	16.5%	7.2%
Kotelchuck Prenatal Care^{** 7} <i>Adequate or Adequate-Plus (2017-2019)</i>	66.7%	75.7%	-
Low and very low birth weight infants⁷ Less than 2500 grams (2017-2019)	NA	7.6%	-
Childhood Immunization Up-To-Date (UTD)^{§ 9}	94.1%	64.8%	-

⁷ IBIS Birth Data Query, MT-DPPHS (2020), ³ Kids Count Data Center, Annie E. Casey Foundation (2020), ⁸ National Center for Health Statistics (NCHS), CDC (2016), ⁹ Clinic Immunization Results, MT-DPPHS (2020)

* General fertility rate is the number of live births per 1,000 females of childbearing age between the ages of 15-44 years.

**The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services). The Kotelchuck index classifies the adequacy of initiation as follows: pregnancy months 1 and 2; months 3 and 4; months 5 and 6; and months 7 to 9. A ratio of observed to expected visits is calculated and grouped into four categories: Inadequate (received less than 50% of expected visits); Intermediate (50%-79%); Adequate (80%-109%); Adequate Plus (110% or more). § UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 HIB, 3 Hep B, 1 Var, 4 PCV by 24 – 35-month-old children.

Behavioral Health	County	Montana	Nation
Adult Smoking⁵	19.0%	19.0%	16.0%
Excessive Drinking⁵	24.0%	22.0%	15.0%
Adult Obesity⁵	27.0%	27.0%	26.0%
Poor Mental Health Days⁵ <i>(Past 30 days)</i>	4.1	3.9	3.8
Physical Inactivity⁵	25.0%	22.0%	19.0%

Do NOT wear seatbelts¹⁰ <i>State Age-Adjusted Prevalence (2018)</i> <i>Nation Crude Prevalence (2018)</i>	-	10.3%	6.3%
Drink and Drive¹⁰ <i>State Age-Adjusted Prevalence (2018)</i> <i>Nation Crude Prevalence (2018)</i>	-	3.7%	3.1%

⁵ County Health Ranking, Robert Wood Johnson Foundation (2020), ¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD ††^{11, 12} <i>Adolescents 13-17 years of age (2020)</i>	28.6%	54.4%	58.6%
Cervical cancer screening in past 3 years^{13, 10} <i>Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2018)</i>	85.0%	76.8%	80.1%
Mammography in past 2 years^{13, 10} <i>Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018)</i>	70.4%	73.4%	78.3%
Colorectal Cancer Screening^{13, 10} <i>Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)</i>	59.1%	64.5%	69.7%

¹¹ Adolescent Immunization Coverage by County, MT-DPHHS (2020), ¹² National Center for Immunization and Respiratory Diseases, CDC (2021), ¹³ PLACES Project, CDC (2020), ¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

†† An up-to-date HPV vaccination measure assesses the completion of the HPV vaccine series (2 doses separated by 5 months [minus 4 days] for immunocompetent adolescents initiating the HPV vaccine series before their 15th birthday, and 3 doses for all others).

Infectious Disease Incidence Rates¹⁴ <i>Per 100,000 people (2015-2017)</i>	County	Montana
Enteric Diseases *	38.0	80.1
Hepatitis C virus	0.0	93.4
Sexually Transmitted Diseases (STD) †	38.0	551.6
Vaccine Preventable Diseases (VPD) §	170.8	91.5

¹⁴ IBIS Community Snapshot, MT-DPPHS

* Foodborne illness † STD analyses include chlamydia, gonorrhea, and primary/secondary syphilis

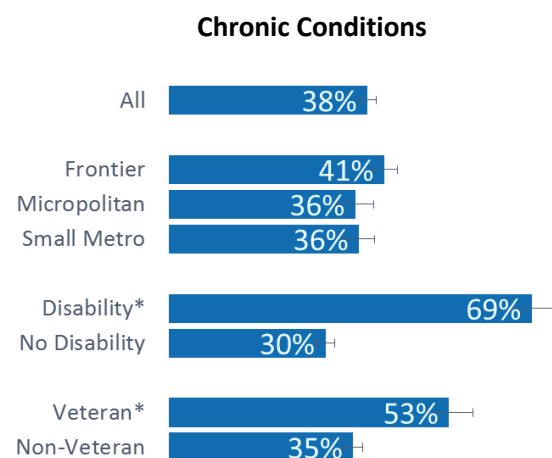
§ VPD analyses include: Chickenpox, *Haemophilus influenzae*, Meningococcal disease, Mumps, Pertussis, *Streptococcus pneumoniae*, Tetanus

Chronic Conditions ¹⁰	County	Montana	Nation
Cardiovascular Disease (CVD) prevalence <i>Adults aged 18 years and older (2014-2016)</i>	**	7.9	8.6
Chronic Obstructive Pulmonary Disease (COPD) prevalence <i>Adults aged 18 years and older (2014-2016)</i>	**	6.6	6.4
Diabetes Prevalence <i>Adults aged 18 years and older (2014-2016)</i>	**	8.3	10.6
Breast Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	125.0	124.1
Cervical Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	7.9	7.4
Colon and Rectum Cancer (CRC) Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	37.1	38.9
Lung Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	52.2	60.0
Melanoma Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	26.3	21.0
Prostate Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	109.6	103.0

¹⁴ IBIS Community Snapshot, MT-DPPHS **
Data were suppressed to protect privacy.

Percent of Montana Adults with Two or More Chronic Conditions

Montana Adults with Self-Reported Chronic Condition ¹¹	
1. Arthritis	29.0%
2. Depression	24.1%
3. Asthma	10.0%
4. Diabetes	7.6%
5. COPD	6.8%
6. Cardiovascular disease	3.9%
7. Kidney disease	2.4%



¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

Mortality	County	Montana	Nation
Suicide Rate¹⁵ <i>Per 100,000 population (2009-2018)</i>	**	23.9	-
Veteran Suicide Rate¹⁵ <i>Per 100,000 population (2009-2018)</i>	-	65.7	38.4
Alzheimer's Disease Mortality Rate¹⁶ <i>Age-Adjusted per 100,000 population (2017-2019)</i>	-	21.7	-
Pneumonia/Influenza Mortality Rate¹⁷ <i>Age-Adjusted per 100,000</i>	-	10.5	12.3
Leading Causes of Death^{16, 18}	-	1. Heart Disease 2. Cancer 3. Chronic Lower Respiratory Disease (CLRD)	1. Heart Disease 2. Cancer 3. Unintentional injuries

¹⁵ Suicide in Montana, MT-DPHHS (2021), ¹⁶ IBIS Mortality Query, MT- DPHHS (2019), ¹⁷ Kaiser State Health Facts, National Pneumonia Death Rate (2019), ¹⁸ National Vital Statistics, CDC (2019) ** Data were suppressed to protect privacy.

Montana Health Disparities ¹⁰	White, non-Hispanic	American Indian/Alaska Native	Low Income*
14+ Days when physical health status was NOT good <i>Crude prevalence (2019)</i>	13.0%	17.9%	28.9%
14+ Days when mental health status was NOT good <i>Crude prevalence (2019)</i>	13.2%	19.2%	30.0%
Current smoker <i>Crude prevalence (2019)</i>	14.5%	41.5%	32.9%
Routine checkup in the past year <i>Crude prevalence (2019)</i>	72.8%	74.1%	81.1%
No personal doctor or health care provider <i>Crude prevalence (2019)</i>	26.5%	28.8%	23.8%
No dental visit in the last year for any reason <i>Crude prevalence (2020)</i>	34.9%	41.6%	48.1%
Consumed fruit less than one time per day <i>Crude prevalence (2019)</i>	40.5%	46.8%	49.5%
Consumed vegetables less than one time per day <i>Crude prevalence (2019)</i>	16.7%	18.0%	22.0%
Does not always wear a seat belt <i>Crude prevalence (2020)</i>	10.8%	15.9%	16.0%

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

*Annual household income < \$15,000

Youth Risk Behavior ¹⁹	Montana		Nation
	White, non-Hispanic	American Indian/Alaska Native	
Felt Sad or Hopeless <i>Almost every day for two weeks or more in a row, during the past 12 months</i>	35.3%	39.6%	36.7%
Attempted Suicide <i>During the past 12 months</i>	8.7%	15.4%	8.9%
Lifetime Cigarette Use <i>Students that have ever tried smoking</i>	28.3%	48.9%	24.1%
Currently Drink Alcohol <i>Students that have had at least one drink of alcohol on at least one day during the past 30 days</i>	34.3%	25.3%	29.2%
Lifetime Marijuana Use <i>Students that have used marijuana one or more times during their life</i>	36.9%	58.9%	36.8%

Texting and Driving <i>Among students who drove a car in the past 30 days</i>	55.2%	39.6%	39.0%
Carried a Weapon on School Property <i>In the last 30 days</i>	7.2%	3.2%	2.8%

¹⁹ Montana Youth Risk Behavior Survey (2019)

Secondary Data – Healthcare Workforce Data 2021

Health Professional Shortage Area & Medically Underserved Areas/Populations

The uneven geographic distribution of health system resources has long been a problem in the United States. As a result, many individuals do not have adequate access to health services in their community. State and Federal programs have been put in place to attempt to ameliorate this problem and reduce the barriers to access healthcare. The Health Professional Shortage Area (HPSA) program and the Medically Underserved Areas/Populations (MUA/P) are among the tools used to increase the supply, capacity, and distribution of health professionals to areas of greatest need. HPSA designations indicate shortages of healthcare professionals who provide primary care, dental, and mental health services. Designation may help communities attract new healthcare workforce and it may increase Medicare and Medicaid reimbursement to already existing healthcare providers.

Health Professional Shortage Area Designation ¹ - Daniels County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	11	✓ Geographic
Dental Health	19	✓ Rural Health Clinic
Mental Health	18*	✓ High needs geographic population
HPSA Scores range from 0 to 25 (primary care and mental health) and 0 to 26 (dental health) where the higher the score, the greater the priority		

¹ Health Resources and Services Administration (2021)

* HPSA score for Eastern Montana (Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley and Wibaux counties)

Provider Supply and Access to Care ²				
Measure	Description	Daniels Co. (N = 1) **	Montana (N = 49) **	National (N = 1347) **
Primary care physicians	Ratio of population to primary care physicians	1:0	1349:1	1050:1
Other primary care providers	Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists	869:1	878:1	726:1
Dentists	Ratio of population to dentists	869:1	1388:1	1260:1
Mental health providers	Ratio of population to mental health providers	-	356:1	310:1

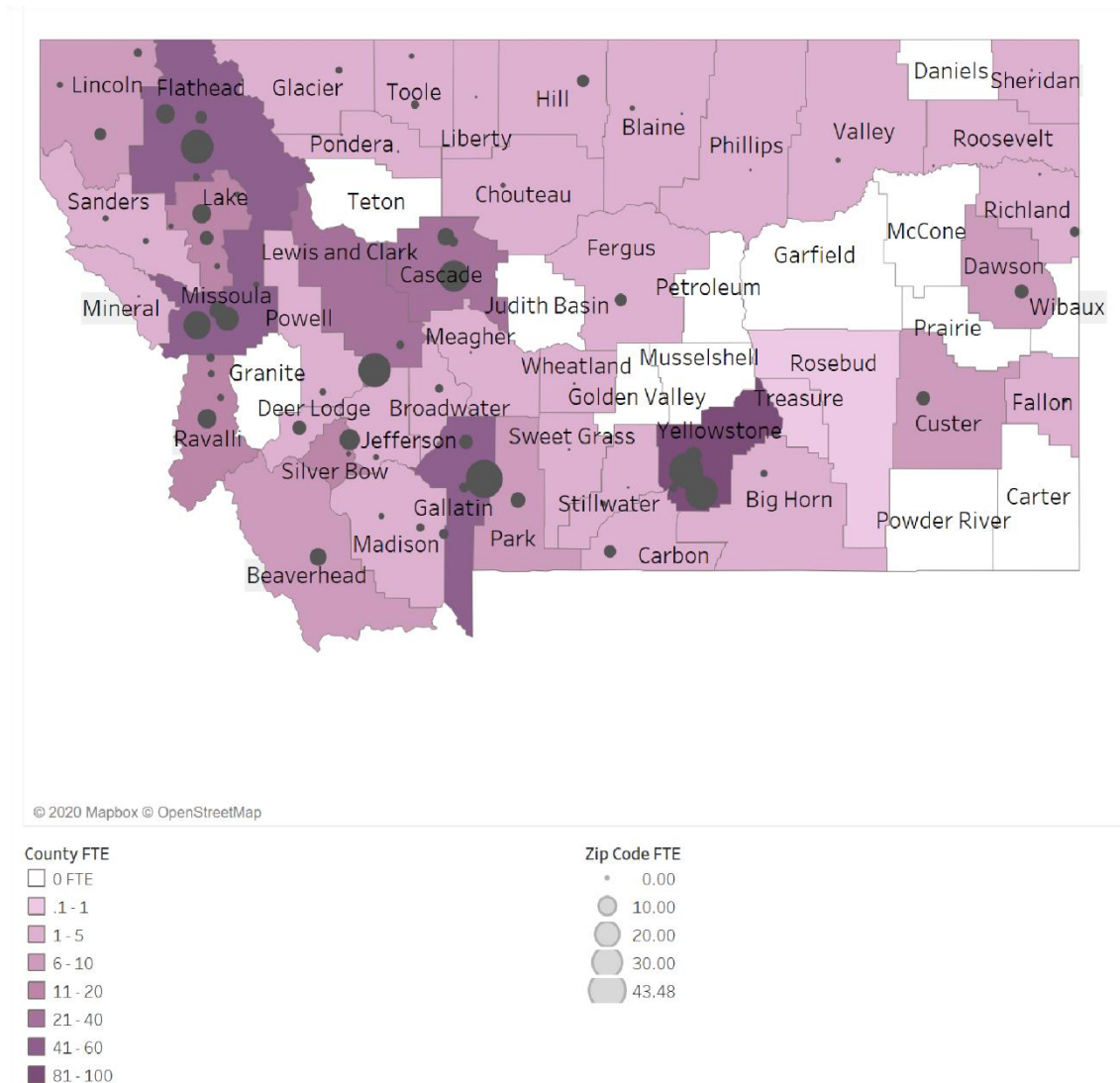
² Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) - FLEX Monitoring (2019) ** Total number of CAHs in region; - no data available

Healthcare workforce Distribution Maps

WIM Tracking is a Montana-based health workforce research company. WIM Tracking proactively monitors the movement of healthcare professionals in Wyoming, Idaho and Montana and maintains the data within a relational database.

- Counts only include actively practicing providers.
- Counts do not include providers at limited access facilities (VA, Malmstrom AFB, Indian Health Services, Montana State Prison, Montana State Hospital, therapeutic boarding schools) • Counts only include primary practice locations. Locum Tenens providers are not included.
- Primary Care specialties include Family Medicine, Internal Medicine and Pediatrics.

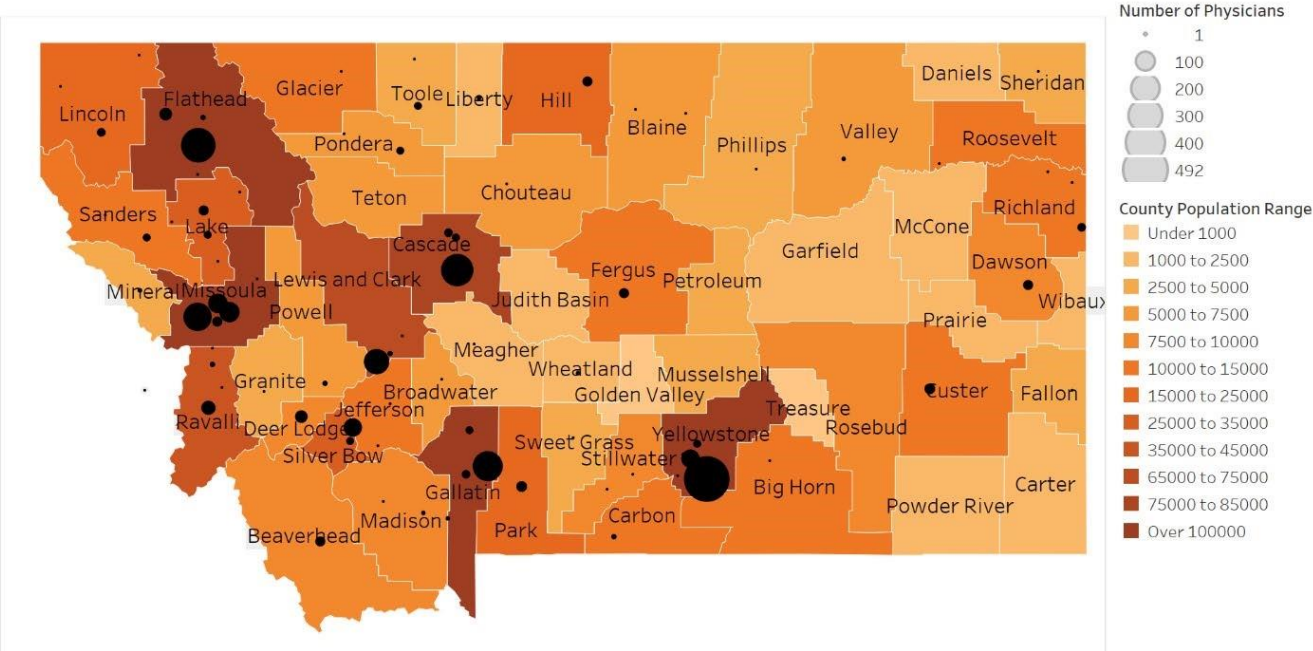
Physician FTE: Practice Locations Plotted by Zip Code



Data Source: Montana Primary Care Office data (2020) compiled and analyzed by WIM Tracking (Sept. 2020)

**Note: Does not include IHS or Tribal Health physicians.*

Physicians (All Specialties) by County Population Range



Data Source: Montana Primary Care Office data (2020) and WIM Tracking (Sept. 2020) *Note: Does not include IHS or Tribal Health physicians.

Appendix D- Survey Cover Letter

April 8th, 2022



Dear [LASTNAME] household:

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

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

1. Due date to complete survey: May 13th, 2022
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Daniels Memorial Healthcare Center Survey." Your access code is [CODED]

All survey responses will go to HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call MORH at 406-994-6986. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

A handwritten signature in dark blue ink, appearing to read "Kody Brinton", with a long horizontal line extending to the right.

Kody Brinton, CEO

Access the survey on your smart phone: Use your camera to scan the QR code

Appendix E- Survey Instrument

Community Health Services Development Survey Scobey, Montana

INSTRUCTIONS: Please complete this survey by marking the appropriate boxes and then return it in the enclosed postage-paid envelope. If you need assistance, please contact the Montana Office of Rural Health at 406-994-6986. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

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

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

2. In the following list, what do you think are the **three most serious** health concerns in our community? **(Select ONLY 3)**

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol abuse/substance abuse | <input type="checkbox"/> Lack of access to healthcare | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Lack of dental care | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Tobacco use (vaping, e-cigarettes, smokeless) |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Work/economic stress |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Motor vehicle accidents | <input type="checkbox"/> Work related accidents/injuries |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Recreation related accidents/injuries | |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Social isolation/loneliness | |
| <input type="checkbox"/> Hunger | | |

3. Select the **three** items below that you believe are **most important** for a healthy community **(select ONLY 3)**:

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

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

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

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

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Eye doctor | <input type="checkbox"/> Food bank |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Fitness center | <input type="checkbox"/> Home care services |

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Public health | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Senior center | |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Substance abuse services | |

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

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

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

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Children's checkup/Well baby | <input type="checkbox"/> Mammogram (every 1-2 years) | <input type="checkbox"/> Routine blood pressure check (yearly) |
| <input type="checkbox"/> Cholesterol check (every 1-5 years) | <input type="checkbox"/> Medicare wellness visit (yearly) | <input type="checkbox"/> Routine health checkup (yearly) |
| <input type="checkbox"/> Colonoscopy (every 5-10 years) | <input type="checkbox"/> Mental health counseling | <input type="checkbox"/> Vision check (every 1-2 years) |
| <input type="checkbox"/> Dental check (every 6 months) | <input type="checkbox"/> Pap test (every 3-5 years) | <input type="checkbox"/> None |
| <input type="checkbox"/> Flu shot/immunizations | <input type="checkbox"/> Prostate (PSA) (every 1-2 years) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hearing check (every 3-5 years) | | |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Assisted living | <input type="checkbox"/> Hospice/end of life services | <input type="checkbox"/> Telemedicine (virtual face-to-face with local provider) |
| <input type="checkbox"/> Cardiac rehabilitation | <input type="checkbox"/> Mental health | <input type="checkbox"/> VA Telemedicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Personal care services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Tobacco treatment/cessation | |

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

- | | | | |
|---|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Not important | <input type="checkbox"/> Don't know |
|---|------------------------------------|--|-------------------------------------|

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

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

- 13. If yes, what were the **three** most important reasons why you did not receive healthcare services? (Select ONLY 3)**
- | | | |
|--|---|--|
| <input type="checkbox"/> Could not get an appointment | <input type="checkbox"/> It cost too much | <input type="checkbox"/> Office wasn't open when I could go |
| <input type="checkbox"/> Could not get off work | <input type="checkbox"/> It was too far to go | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> COVID-19 barriers/concerns | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Too nervous or afraid |
| <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> My insurance didn't cover it | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> Don't like doctors | <input type="checkbox"/> No insurance | <input type="checkbox"/> Unsure if services were available |
| <input type="checkbox"/> Had no one to care for the children | <input type="checkbox"/> Not treated with respect | <input type="checkbox"/> Other: _____ |
- 14. In the past three years, have you or a household member seen a primary healthcare provider such as a family physician, physician assistant or nurse practitioner for healthcare services?**
- ☐ Yes ☐ No (If no, skip to question 17)
- 15. Where was that primary healthcare provider located? (Select ONLY 1)**
- | | | |
|--|--|--|
| <input type="checkbox"/> Billings | <input type="checkbox"/> Miles City | <input type="checkbox"/> Sidney |
| <input type="checkbox"/> Culbertson | <input type="checkbox"/> Online virtual provider (not local) | <input type="checkbox"/> VA |
| <input type="checkbox"/> Glasgow | <input type="checkbox"/> Plentywood | <input type="checkbox"/> Williston, ND |
| <input type="checkbox"/> Glendive | <input type="checkbox"/> Scobey | <input type="checkbox"/> Wolf Point |
| <input type="checkbox"/> Indian Health Service (IHS) | | <input type="checkbox"/> Other: _____ |
- 16. Why did you select the primary care provider you are currently seeing? (Select ALL that apply)**
- | | |
|---|--|
| <input type="checkbox"/> Appointment availability | <input type="checkbox"/> Privacy/confidentiality |
| <input type="checkbox"/> Clinic/provider's reputation for quality | <input type="checkbox"/> Provider preference |
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Recommended by family or friends |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Referred by physician or other provider |
| <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> Required by insurance plan |
| <input type="checkbox"/> Length of waiting room time | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Prior experience with clinic | <input type="checkbox"/> Other: _____ |
- 17. In the past three years, has anyone in your household received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care)**
- ☐ Yes ☐ No (If no, skip to question 20)
- 18. If yes, where is the hospital that your household used MOST for hospital care located? (Select ONLY 1)**
- | | | |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Billings | <input type="checkbox"/> Minot, ND | <input type="checkbox"/> VA |
| <input type="checkbox"/> Glasgow | <input type="checkbox"/> Plentywood | <input type="checkbox"/> Williston, ND |
| <input type="checkbox"/> Great Falls | <input type="checkbox"/> Scobey | <input type="checkbox"/> Wolf Point |
| <input type="checkbox"/> Miles City | <input type="checkbox"/> Sidney | <input type="checkbox"/> Other: _____ |
- 19. Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital? (Select ONLY 3)**
- | | | |
|--|--|--|
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Hospital's reputation for quality | <input type="checkbox"/> Referred by physician or other provider |
| <input type="checkbox"/> Closest to work | <input type="checkbox"/> Prior experience with hospital | <input type="checkbox"/> Required by insurance plan |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Privacy/confidentiality | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Emergency, no choice | <input type="checkbox"/> Recommended by family or friends | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Financial assistance programs | | |

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

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

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

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

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

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

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

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

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

☐ Yes ☐ No

25. Thinking over the past year, how would you describe your stress level?

☐ High ☐ Moderate ☐ Low ☐ Unsure/rather not say

26. Thinking about your mental health (which includes stress, anxiety, depression and problems with emotions), how would you rate your mental health in general?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

27. To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription or other drugs?

☐ A great deal ☐ Somewhat ☐ A little ☐ Not at all

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

☐ Everyday ☐ Sometimes (3-5 days per month) ☐ Never
☐ Most days (3-5 days per week) ☐ Occasionally (1-2 days per month)

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

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

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

☐ Yes ☐ No ☐ Not applicable

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

☐ Yes ☐ No

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

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

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

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

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

- ☐ Can't afford to pay for health insurance ☐ Too confusing/don't know how to apply
☐ Employer does not offer insurance ☐ Other: _____
☐ Choose not to have health insurance

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

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

Demographics

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

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

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

38. How long have you lived in Daniels County?

- ☐ 0-5 years ☐ 6-15 years ☐ 16+ years

39. What is your gender?

- ☐ Male ☐ Female ☐ Non-binary ☐ Prefer to self-describe: _____

40. What age range represents you?

- ☐ 18-24 ☐ 35-44 ☐ 55-64 ☐ 75-84
☐ 25-34 ☐ 45-54 ☐ 65-74 ☐ 85+

41. What is your employment status?

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

[CODED]

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

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

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

Appendix F- Cross Tabulation Analysis

Knowledge Rating of Daniels Memorial Healthcare Center Services by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Friends/family	17.7% (17)	60.4% (58)	19.8% (19)	2.1% (2)	96
Healthcare provider	23.6% (21)	58.4% (52)	15.7% (14)	2.2% (2)	89
Word of mouth/reputation	12.2% (9)	71.6% (53)	16.2% (12)	-	74
Newspaper	16.4% (10)	67.2% (41)	14.8% (9)	1.6% (1)	61
Radio	11.1% (3)	85.2% (23)	3.7% (1)	-	27
Social media	22.2% (6)	59.3% (16)	14.8% (4)	3.7% (1)	27
Public health nurse	27.8% (5)	61.1% (11)	5.6% (1)	5.6% (1)	18
Mailings/newsletter	25.0% (4)	37.5% (6)	31.3% (5)	6.3% (1)	16
Website/internet	9.1% (1)	81.8% (9)	9.1% (1)	-	11
Presentations	-	100.0% (2)	-	-	2
Other	33.3% (3)	55.6% (5)	11.1% (1)	-	9

Delay or Did Not Get Needed Healthcare Services by Residence

	Yes	No	Total
59263 Scobey	24.0% (25)	76.0% (79)	104
59222 Flaxville	25.0% (5)	75.0% (15)	20
59254 Plentywood	28.6% (2)	71.4% (5)	7
59253 Peerless	66.7% (2)	33.3% (1)	3
59201 Wolf Point	-	100.0% (2)	2
59255 Poplar	100.0% (1)	-	1
Other	-	100.0% (1)	1
TOTAL	25.4% (35)	74.6% (103)	138

* “59250 Opheim,” “59252 Outlook,” “59257 Redstone,” and “59276 Whitetail” removed from residence (first column) due to non-response.

Location of Primary Care Clinic Most Utilized by Residence

	Billings	Glasgow	Miles City	Plentywood	Scobey	Sidney	Williston, ND	Wolf Point	Other	TOTAL
59263 Scobey	4.6% (5)	0.9% (1)	1.9% (2)	-	75.0% (81)	1.9% (2)	0.9% (1)	0.9% (1)	13.9% (15)	108
59222 Flaxville	-	-	-	5.0% (1)	75.0% (15)	-	-	-	20.0% (4)	20
59254 Plentywood	-	-	-	100.0% (5)	-	-	-	-	-	5
59253 Peerless	33.3% (1)	-	-	-	66.7% (2)	-	-	-	-	3
59201 Wolf Point	-	50.0% (1)	-	-	-	-	-	50.0% (1)	-	2
59255 Poplar	-	-	-	-	-	100.0% (1)	-	-	-	1
Other	-	100.0% (1)	-	-	-	-	-	-	-	1
TOTAL	4.3% (6)	2.1% (3)	1.4% (2)	4.3% (6)	70.0% (98)	2.1% (3)	0.7% (1)	1.4% (2)	13.6% (19)	140

* Culbertson, Glendive, Indian Health Services (HIS), Online Virtual Provider (not local), and VA removed from primary care clinic location (top row) due to non-response.

** “59250 Opheim,” “59252 Outlook,” “59257 Redstone,” and “59276 Whitetail” removed from residence (first column) due to non-response.

Location of Primary Care Provider Most Utilized by Reasons for Clinic/Provider Selection

	Billings	Glasgow	Miles City	Plentywood	Scobey	Sidney	Williston, ND	Wolf Point	Other	TOTAL
Closest to home	-	2.4% (2)	-	4.7% (4)	77.6% (66)	1.2% (1)	-	-	14.1% (12)	85
Prior experience with clinic	6.5% (3)	2.2% (1)	-	4.3% (2)	71.7% (33)	2.2% (1)	-	-	13.0% (6)	46
Clinic/ provider's reputation for quality	6.8% (3)	2.3% (1)	-	4.5% (2)	70.5% (31)	4.5% (2)	-	2.3% (1)	9.1% (4)	44
Provider preference	4.9% (2)	-	-	2.4% (1)	78.0% (32)	2.4% (1)	2.4% (1)	4.9% (2)	4.9% (2)	41
Appointment availability	2.5% (1)	2.5% (1)	-	2.5% (1)	77.5% (31)	-	-	-	15.0% (6)	40
Recommended by family or friends	-	-	-	6.3% (1)	62.5% (10)	6.3% (1)	6.3% (1)	-	18.8% (3)	16
Privacy/ confidentiality	-	9.1% (1)	-	9.1% (1)	72.7% (8)	-	-	-	9.1% (1)	11
Referred by physician or other provider	33.3% (2)	-	-	-	50.0% (3)	-	-	-	16.7% (1)	6
Length of waiting room time	-	-	-	-	66.7% (2)	-	-	-	33.3% (1)	3
Required by insurance plan	-	-	-	-	100.0% (2)	-	-	-	-	2
VA/Military requirement	-	-	100.0% (1)	-	-	-	-	-	-	1
Other	-	-	14.3% (1)	-	57.1% (4)	14.3% (1)	-	-	14.3% (1)	7

Table details continued on next page

* Culbertson, Glendive, Indian Health Services (HIS), Online Virtual Provider (not local), and VA removed from primary care clinic location (top row) due to non-response.

** “Cost of care” and “Indian Health Services” removed from reason for clinic selection (first column) due to non-response.

Location of Most Utilized Hospital by Residence

	Billings	Glasgow	Plentywood	Scobey	Sidney	Williston, ND	Other	Total
59263 Scobey	39.4% (26)	3.0% (2)	-	42.4% (28)	9.1% (6)	1.5% (1)	4.5% (3)	66
59222 Flaxville	21.4% (3)	21.4% (3)	-	42.9% (6)	7.1% (1)	-	7.1% (1)	14
59254 Plentywood	-	-	100.0% (2)	-	-	-	-	2
59253 Peerless	-	100.0% (1)	-	-	-	-	-	1
59255 Poplar	-	-	-	-	100.0% (1)	-	-	1
Other	-	100.0% (1)	-	-	-	-	-	1
TOTAL	34.1% (29)	8.2% (7)	2.4% (2)	40.0% (34)	9.4% (8)	1.2% (1)	4.7% (4)	85

* Great Falls, Miles City, Minot ND, VA, and Wolf Point removed from hospital location (top row) due to non-response.

** “59250 Opheim,” “59252 Outlook,” “59257 Redstone,” “59276 Whitetail,” and “Wolf Point” removed from residence (first column) due to non-response.

Location of Most Recent Hospitalization by Reasons for Hospital Selection

	Billings	Glasgow	Plentywood	Scobey	Sidney	Williston, ND	Other	Total
Closest to home	11.3% (6)	11.3% (6)	3.8% (2)	58.5% (31)	9.4% (5)	-	5.7% (3)	53
Emergency, no choice	37.5% (12)	3.1% (1)	3.1% (1)	43.8% (14)	6.3% (2)	3.1% (1)	3.1% (1)	32
Prior experience with hospital	36.7% (11)	10.0% (3)	-	40.0% (12)	10.0% (3)	-	3.3% (1)	30
Referred by physician or other provider	51.9% (14)	14.8% (4)	-	22.2% (6)	11.1% (3)	-	-	27
Hospital's reputation for quality	46.2% (12)	-	-	42.3% (11)	11.5% (3)	-	-	26
Recommended by family or friends	37.5% (3)	-	-	25.0% (2)	37.5% (3)	-	-	8
Required by insurance plan	100.0% (3)	-	-	-	-	-	-	3
Privacy/confidentiality	50.0% (1)	-	-	-	50.0% (1)	-	-	2
Closest to work	-	-	-	100.0% (1)	-	-	-	1
VA/Military requirement	-	-	-	-	100.0% (1)	-	-	1
Other	20.0% (1)	20.0% (1)	-	20.0% (1)	20.0% (1)	-	20.0% (1)	5

* Great Falls, Miles City, Minot ND, VA, and Wolf Point removed from hospital location (top row) due to non-response.

** "Cost of care" and "Financial assistance programs" removed from reason for hospital selection (first column) due to non-response.

Appendix G- Responses to Other & Comments

2. In the following list, what do you think are the **three most serious** health concerns in our community? (Select ONLY 3)

- "Drugs!"
- "No real doctors"

*Responses when more than 3 were selected (3 participants):

- Alcohol abuse/substance abuse (1)
- Depression/anxiety (1)
- Heart disease (1)
- Lack of exercise (1)
- Mental health issues (3)
- Overweight/obesity (1)
- Social isolation/loneliness (1)
- Tobacco use (vaping, e-cigarettes, smokeless) (2)
- Work/economic stress (3)

3. Select the **three** items that you believe are **most important** for a healthy community (select ONLY 3):

- Healthy diet
- "Real doctors"

*Responses when more than 3 were selected (1 participants):

- Good jobs and a healthy economy (1)
- Good schools (1)
- Low crime/safe neighborhoods (1)
- Religious or spiritual values (1)
- Strong family life (1)

5. How do you learn about the health services available in our community?

- Using it
- I used to work at DMHC
- Served on board of trustees.
- Work at DMHC
- Only one available
- Call the hospital/clinic

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

- None

- PT
- Physician assistant

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

- I know that expanded hours have been tried in the past and didn't get much traction. I would even suggest expanded "on-call" hours for things that don't necessitate an ER visit but may still need attention.
- Less cost for flight to Billings
- Physician/Doctor retention
- Acceptance of all forms of insurance
- expanded clinic hours
- Assisted Living
- VA Telemedicine from all clinics.
- Assisted Living
- Shorter distance for life flight
- We have full access
- Real doctors

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

- None

9. Have you utilized any of the following preventive services in accordance with the current guidelines (current guidelines in parentheses)?

- Blood tests
- I've stopped some at 85 yrs

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

- Healthy eating lifestyle
- Ophthalmology
- None
- Colonoscopy/Echocardiogram

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

- Unavailable Doctor-Local provider as unable to treat locally.
- Provider did not refer out.

***Responses when more than 3 were selected (2 participants):**

- Could not get an appointment (1)
- COVID-19 barriers/concerns (2)
- It cost too much (2)
- It was too far to go (1)

- Language barrier
- My insurance didn't cover it (1)
- Too long to wait for an appointment (1)

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

- Poplar

*Responses when more than 1 was selected (17 participants):

- Billings (10)
- Glasgow (8)
- Online virtual provider (not local) (1)
- Plentywood (5)
- Scobey (16)
- Sidney (4)
- Williston, ND (1)
- Wolf Point (1)

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

- Was on duty
- Closest OB
- Needed a doctor
- Old provider retired.

18. Where is the hospital that your household used MOST for hospital care located? (Select ONLY 1)

- Havre

*Responses when more than 1 was selected (4 participants):

- Billings (3)
- Glasgow (1)
- Scobey (4)

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

- Specialist's hospital
- Doctor on staff
- Somethings are not available in Scobey.

*Responses when more than 3 were selected (3 participants):

- Closest to home (2)
- Closest to work (1)
- Emergency, no choice (2)
- Hospital's reputation for quality (2)
- Prior experience with hospital (2)
- Recommended by family or friends (1)

- Referred by physician or other provider (2)
- VA/Military requirement (1)

21. Where was the healthcare specialist seen?

- Helena
- Bozeman
- Havre (2)
- Laredo, TX
- Poplar
- Billings, Kalispell
- Mayo Clinic (Rochester)
- Kalispell, Meza, AZ
- Bismarck

22. What type of healthcare specialist was seen?

- Cancer (2)
- Vascular
- COVID Clinic
- Kidney specialist
- Nephrologist (2)
- ER
- Internalist
- Digestive Clinic
- Retinologist
- Surgeon
- Therapist

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

- No “Other” responses

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

- National General
- Medicare Supplement

***Responses when more than 1 was selected (31 participants):**

- Health Insurance Marketplace (2)
- Health Savings Account (1)
- Healthy MT Kids (3)
- Indian Health (1)
- Medicaid (3)
- Medicare (26)

- Private insurance/private plan (24)
- VA/Military (4)
- None/Pay out of pocket (1)

36. If you **do NOT have health insurance, why?**

- N/A
- I have it

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

- 59260

39. What is your gender? Prefer to self-describe:

- No “Prefer to self-describe” responses

41. What is your employment status?

- Rancher
- Homemaker
- No childcare
- Self-employed (2)
- Self-employed kids ministry
- Farm wife
- Husband farmer

***Responses when more than 1 was selected (9 participants):**

- Work full time (1)
- Work part time (4)
- Retired (8)
- Unemployed, but looking (1)
- Not currently seeking employment (3)

General comments

- (Q3)
 - Selected “Healthy behaviors and lifestyles” and wrote “exercise”
- (Q7)
 - Selected “More specialists” and wrote “Like come once a month”
- (Q8)
 - Did not select any choices and wrote “None”
- (Q10)
 - Selected “Telemedicine” and wrote “Just” next to it
 - Did not select any choices and wrote “None”

- (Q11)
 - Selected “Assisted living” and wrote “for my mom”
- (Q13)
 - Selected “Too long to wait for an appointment” and wrote “no surgeries COVID, still not rescheduled”
- (Q19)
 - Selected “Closest to home” and “Emergency, no choice” and wrote “would not recommend, TV’s didn’t even work and poor care Scobey”
- (Q23)
 - Selected “N/A” for all services and wrote “Use HC Services at Plentywood Memorial Hospital”
 - For service “Long term care” selected “3” and wrote “family member used”
- (Q24)
 - Selected “Yes” and wrote “No rain! I’m a farmer”
- (Q25)
 - Selected “Low” and wrote “I’m still grieving the loss of my wife.”
- (Q34)
 - Selected “Poor” and wrote “but cost is low cause God forbid we have to have it”
 - Selected “Excellent” and wrote “with my private supplement for Medicare”
- (Q36)
 - Selected “No” and wrote “they don’t want to volunteer that info”
- (Q38)
 - Did not select any choices and wrote “Never”
 - Did not select any choices and wrote “Live in Roosevelt County”
- (Q41)
 - Selected “Work part time” and wrote “but mostly retired from the farm”
- General comments
 - Number 1 health need – fly us to Minot or some place closer. Billings is too far in emergency!
 - Alcohol/Drug Abuse is huge in our County. Mental Health issues as well relating to farm/agricultural economy, isolation. And there are little to no services for this. I am a clergy person. We joke about being in the “black hole”. Social Services exist in Plentywood – Counselors are hard to connect with and often “sub-par”. Closest services beyond this Williston, Miles City, or Billings. Try sending a spouse and their abuser on a three-to-five-hour road trip to seek counseling.

Appendix H- Key Informant - Questions

Key Informant Interview Questions

Purpose: The purpose of key informant interviews is 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. How do you feel about the general health of your community?
2. What are your views/opinions about these local services:
 - Hospital/clinic
 - EMS Services (ER/Ambulance)
 - Public/County Health Department
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Services for Low-Income Individuals/Families
3. What do you think are the most important local healthcare issues?
4. What other healthcare services are needed in the community?
5. What would make your community a healthier place to live?

Appendix I- Key Informant - Transcripts

Key Informant Interview #1

Thursday, April 7th, 2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?

- I think it is good, we are an aging community so that brings its own challenges and specialty needs. The rural aspect also means people often have to travel for those specialty needs.

2. What are your views/opinions about these local services:

Hospital/clinic:

- Since the pandemic, it is a little more difficult to get an appointment if you are sick. They will ask for a covid swab prior to treatment if you present with cold like symptoms.
- Patients often have to travel to get to other appointments. I've sought doctor services outside of the area because nurse practitioners have been unable to help me.
- Many in our community that love our providers, there has been great feedback for our mid-level providers.

EMS Services (ER/Ambulance)

- They are very responsive and well trained. We do have limited access to specialty care but we do have our trauma level certification back. Ambulance services are fabulous and their training is always up to date. They are increasing trauma drills at the hospital to keep skills proficient and extend that certification.

Public/County Health Department

- Excellent health department. The biggest challenge is we lost our veteran public health nurse and they are changing over leadership so the community isn't sure what to expect going forward.

Senior Services (Nursing homes, assisted living, home health, senior center, etc.)

- We struggle with home health in our area and we do not have an assisted living facility.
- We have limited availability for long-term care, which can be unfortunate for families who might need a bed. Local community resource center that can assist with travel. Public transportation will service within 100 miles for those that have appointments outside of the community.

Services for Low-Income Individuals/Families

- That's a really big challenge, we do have some income sensitive apartments and rentals.

- The services are limited and that can make it difficult for some seniors and even disabled individuals.
- 3. What do you think are the most important local healthcare issues?**
- We are not equipped for mental health, we do the best we can with what we have. We added a nurse practitioner for psych medication/services.
 - When we have patients who need to be on a safety watch, we are not equipped to hold them at the hospital. Staff heavily rely on 1-on-1 care/observation at that point.
 - Behavioral health will continue to be a challenge in the community. People often have to travel at least 40 miles to see someone who is licensed.
 - Transportation is showing signs of improvement and we are expanding options.
 - Some people are having difficulty adjusting to new covid guidelines and ways of living as a result of the pandemic.
- 4. What other healthcare services are needed in the community?**
- Outside of mental health providers, I would like to see them hire an on staff doctor at the hospital.
 - Overall we are doing very well for where we are located.
- 5. What would make your community a healthier place to live?**
- Many people in Scobey work 2-3 jobs because the pay isn't competitive for other areas of Montana. This also means we have a harder time attracting qualified medical providers.
 - We do have quite a few fitness outlets available in the community.

Key Informant Interview #2

Thursday, April 7th, 2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?

- I think it is pretty good in general, we do have an older community so people are often fairly sick with those chronic diseases.

2. What are your views/opinions about these local services:

Hospital/clinic:

- I think the services they provide are quite good for a small community. I don't generally have trouble getting an appointment if I need one.
- If you want a specific provider you just need to know when to make an appointment.
- There is no easy way of getting back to a provider after you have seen them without going through a third party.

EMS Services (ER/Ambulance)

- Haven't used those services recently.

Public/County Health Department

- The health department has expanded in a good way and that is something the community has needed. With covid I think like everyone else, they are worn out and understaffed.
- There is a new position for the lead public health officer and that is exciting.

Senior Services (Nursing homes, assisted living, home health, senior center, etc.)

- We have no assisted living facility but I am not sure there is a population for it right now.
- The residents in the nursing home are quite well taken care of from what I hear. There is a place for congregate meals for seniors and the hospital provides meals on wheels. The senior center provides the space and will deliver the meals.

Services for Low-Income Individuals/Families

- There are a lot of volunteer organizations (food bank, clothing bank, etc.,) that assist some of those low-income individuals.
- There are no individuals in Daniels County or Sheridan County who assist with low-income services, it is mostly done online now.

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

- Transportation for follow-up care and specialty care outside of Scobey. We do not have great public transportation for outside travel, the bus will only travel to Plentywood or Wolf Point.
- The older population has had a harder time adapting to increased technology involved in the healthcare system (telehealth and online appointments).

4. What other healthcare services are needed in the community?
 - For the size of our community, I think they fit the needs quite well.
 - As technology is more utilized, we may be able to expand access to some of those other specialty services.
5. What would make your community a healthier place to live?
 - We need to maintain the services we do have in the community.
 - I feel that the services are comprehensive, but I always worry about a small community like ours losing those services to larger communities.

Key Informant Interview #3

Thursday, April 7th, 2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - Generally speaking, the community takes care of each other and the community is overall fairly healthy, we do have an aging population though.
2. What are your views/opinions about these local services:
 - Hospital/clinic:
 - They do a great job and always provide excellent service, especially for how small of a community we are.
 - EMS Services (ER/Ambulance)
 - Have not used those services, but I know the ambulance crew works extremely hard and is always working to expand services.
 - Public/County Health Department
 - I do not know much about our county health department.
 - We do need improved mental health services in our community. It is something that I know many younger adults are struggling with and individuals often find it difficult to seek help.
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We do have most of the basics covered for senior services (transit, meals on wheels, etc.,).
 - Services for Low-Income Individuals/Families
 - We do great when it comes to low-income individuals, the food bank is utilized all the time.
 - We have quite a few other volunteer services that provide assistance as well.

3. What do you think are the most important local healthcare issues?
 - Mental health, I believe is the biggest issue in our community.
4. What other healthcare services are needed in the community?
 - I am less aware of the services that we do and do not have, but in general, I think we have comprehensive services for the small community that we are.
5. What would make your community a healthier place to live?
 - I think a dispensary would improve the community and bring in a large amount of tax dollars that are being spent elsewhere.

Key Informant Interview #4

Thursday, April 7th, 2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - Average, very middle of the road. People are active and most of us work outside. We are generally an older community, and we are facing many of those chronic disease burdens as you could expect. Access to healthcare is an issue here, because if you do have something major you often have to travel long distances. Drug use I believe is somewhat common here, but I do not know if it is any better or worse than other places.
2. What are your views/opinions about these local services:
 - Hospital/clinic:
 - I think the hospital is great and the clinic is excellent. We need some additional space to expand services and increase staff. DMHC is quite good but need some quality improvements along with staffing improvements.
 - EMS Services (ER/Ambulance)
 - We have outstanding ambulance services, and the staff is very proficient in the skills they need. They are implementing telehealth services for trauma care and that is quite good. When I call 911, it often takes quite a while for transport to and from the facility.
 - Public/County Health Department
 - They have a brand-new hire that is running our county health department so I am unsure currently. We need more collaboration and cooperation between the public health department and the hospital.
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)

- Assisted living is a huge need in the community, we have no services for folks needing that type of care. Home health is supported by public health currently through a grant. Our nursing home has more demand than they have available space. DMHC turned in their nursing home license due to reimbursement costs and 20 beds are now utilized for long term/swing care.

Services for Low-Income Individuals/Families

- We do not turn anyone away at the hospital. The food kitchen is fantastic, but there is a stigma that is associated with accessing those services. We do not have a homeless center or many assistance programs for low-income individuals.

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

- We need our hospital to become more outpatient based and focused. Expanded PT services and outpatient procedures. We need a different hospital building to support those expanded services as well. We have staffing issues at the hospital, and we often have to recruit travelers for all kinds of positions. Those traveler contracts are often much more expensive, and I do not believe it is sustainable.

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

- Behavioral health services I believe are coming to DMHC in a month or so.
- Expanding women's health services.
- Expanding and adding additional lab services instead of outsourcing.
- Dexa scan is something we absolutely need to add, especially with our elderly population.

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

- We need more economic and community development, which I believe directly ties into community health. New businesses and a younger demographic can result in more steady growth.

Key Informant Interview #5

Thursday, April 14th, 2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?

- I think we are slightly below average in terms of overall health in Montana. We lack access and availability to mental health services.

2. What are your views/opinions about these local services:

Hospital/clinic:

- I think the hospital and clinic are doing well. I like that they are planning for the future as far as space and size. We have a lot of services for the small community that we are.

EMS Services (ER/Ambulance)

- They do a good job, and we have a good team of EMTs that are on call. I think the ability to fly individuals out of the community is a huge asset.

Public/County Health Department

- I think they may be short staffed, but I do not have a ton of interaction with the county health department.

Senior Services (Nursing homes, assisted living, home health, senior center, etc.)

- I do not know much about senior services. I do know we need more beds and staff for the local nursing home.

Services for Low-Income Individuals/Families

- Do not access or know of services for low-income individuals.

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

- Mental health and access to mental health services.
- Find a way to connect our small population to more services even if that is online through telehealth.
- We do not have any real support groups or programs to assist people with their mental health.
- Creating more space (renovations or new building) for those services that the hospital is looking to acquire.

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

- Expanded mental health services.

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

- Child day-care is lacking, and those services are severely understaffed.

Appendix J- Request for Comments

Written comments on this 2022 Community Health Needs Assessment Report can be submitted to Jodi Braut at Daniels Memorial Healthcare Center:

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Contact Daniels Memorial Healthcare Center's Marketing Department at 406-487-2304 or JBraut@dmha.net with questions.