COMMUNITY HEALTH NEEDS ASSESSMENT
2019

ASSESSMENT CONDUCTED BY
GLENDIVE MEDICAL CENTER
GLENDIVE, MONTANA

MONTANA STATE UNIVERSITY

Office of Rural Health
Area Health Education Center

IN COOPERATION WITH THE MONTANA OFFICE OF RURAL HEALTH

Glendive Medical Center

Glendive Medical Center
Community Health Needs Assessment
Table of Contents

Community Health Services Development Report
June 2019

I. Introduction

Glendive Medical Center (GMC) is a 25-bed acute care Critical Access Hospital (CAH) and attached 56-bed skilled Extended Care facility based in Glendive, Montana. Glendive Medical Center is the only hospital in Dawson County and provides medical services to a population of over 9,000 people spread over 2,300 square miles. Glendive Medical Center's primary service area includes the communities of Glendive, Lindsay, Bloomfield, Wibaux, Terry, Circle, Richey, Savage, and Beach ND; with most of the County's populated communities located along I 94, US 200S or US 254. Dawson 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.

Glendive Medical Center is a MT DPHHS designated Trauma Receiving facility and recognized Pediatric Prepared facility. Glendive Medical Center offers a wide array of services including: 24-hour emergency department; surgery; behavioral health; cancer outreach center and chemotherapy; laboratory; radiology/imaging; rehabilitation and respiratory therapy; home care and hospice; Gabert Clinic; diabetes and nutritional education; extended care; and Urgent Care services.

Mission: We are committed to caring, healing, and a healthier community.

Values: We support and nurture a culture of Respect, Integrity, Compassion, and Excellence (RICE).

Vision: We will be the quality leader for healthcare in the region through:
- Promoting patient centered care;
- Embracing a passionate commitment to exceptional quality and safety;
- Providing an exemplary patient experience;
- Attracting and retaining caring, innovative medical providers and employees;
- Achieving cost efficiency through progressive and effective resource management;
- Developing visionary leaders;
- Serving as a catalyst for a growing network of collaborative partners.

Glendive Medical Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health. Community involvement in steering committee meetings, focus groups and key informant interviews enhance community engagement in the assessment process.

In the spring of 2019, Glendive Medical Center's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2019 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2016 and 2013. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

Boating on the Yellowstone River

A Steering Committee was convened to assist Glendive Medical 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 2019. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument
In March 2019, surveys were mailed out to the residents in Dawson 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

Glendive Medical Center provided a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

Nine 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.

Makoshika State Park

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

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

Limitations in Survey & Key Informant Methodology

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample. Thus, a mixture of different data collection methodologies is recommended. Conducting key informant interviews in addition to the random sample survey

allows for a more robust sample and, ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey.

While key informant interview 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 interview 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 H. MORH staff facilitated the interviews for GMC to ensure impartiality. Personal identifiers are not included in the key informant interview transcripts.

Survey Implementation

In March 2019, a survey, cover letter on Glendive Medical Center letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed out to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that Glendive Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One-hundred thirty-two surveys were returned out of 800. Of those 800 surveys, 73 surveys were returned undeliverable for a 18.2% response rate. From this point on, the total number of surveys will be out of 727. 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 8.5%.

IV. Survey Respondent Demographics

A total of 727 surveys were distributed amongst Glendive Medical Center's service area. One-hundred thirty-two were completed for a 18.2% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 34)
2019 N= 131
2016 N= 214
2013 N= 211

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

Location	Zip code	2013		2016		2019	
		Count	Percent	Count	Percent	Count	Percent
Glendive	59330	**170**	**80.6%**	**166**	**77.6%**	**116**	**88.5%**
Wibaux	59353	**10**	**4.7%**	9	4.2%	**4**	**3.1%**
Circle	59215	**12**	**5.7%**	6	2.8%	**4**	**3.1%**
Terry	59349	7	3.3%	4	1.9%	3	2.3%
Bloomfield	59315	Not asked - 2013		**11**	**5.1%**	3	2.3%
Fallon	59326	Not asked - 2013		Not asked - 2016		1	0.8%
Savage	59262	4	1.9%	1	0.5%	0	0.0%
Beach, ND	58621	1	0.5%	4	1.9%	0	0.0%
Lindsay	59339	Not asked - 2013		**11**	**5.1%**	0	0.0%
Richey	59259	3	1.4%	2	0.9%	0	0.0%
Baker	59313	Not asked - 2013		Not asked - 2016		0	0.0%
Sidney	59270	3	1.4%	Not asked - 2016		0	0.0%
Wolf Point	59201	1	0.5%	Not asked - 2016		Not asked - 2019	
Other		Not asked - 2013		Not asked - 2016		0	0.0%
TOTAL		**211**	**100.0%**	**214**	**100.0%**	**131**	**100.0%**
*Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses							

Gender (Question 35)

2019 N= 132
2016 N= 220
2013 N= 217

Of the 132 surveys returned, 62.9% (n=83) of survey respondents were female, 34.8% (n=46) were male, and 1.5% (n=2) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.

Gender

	Male	Female	Other	No answer
2013	27.6%	68.7%	n/a	3.7%
2016	29.1%	67.3%	n/a	3.6%
2019	34.8%	62.9%	0.8%	1.5%

■2013 ■2016 ■2019
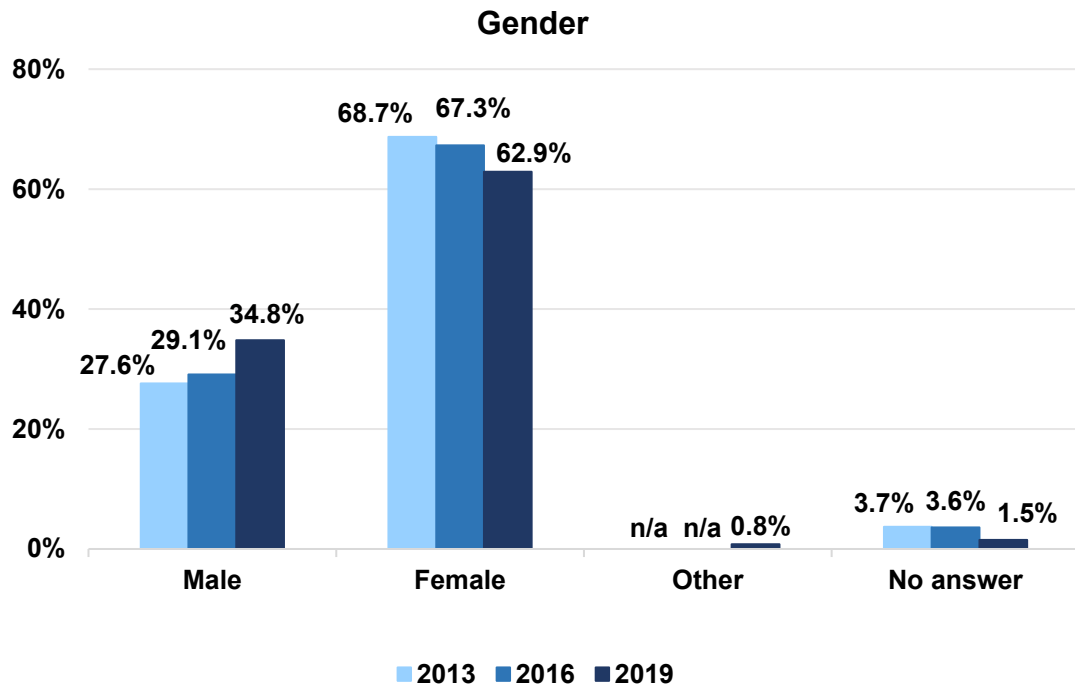
Age of Respondents (Question 36)

2019 N= 128
2016 N= 216
2013 N= 211

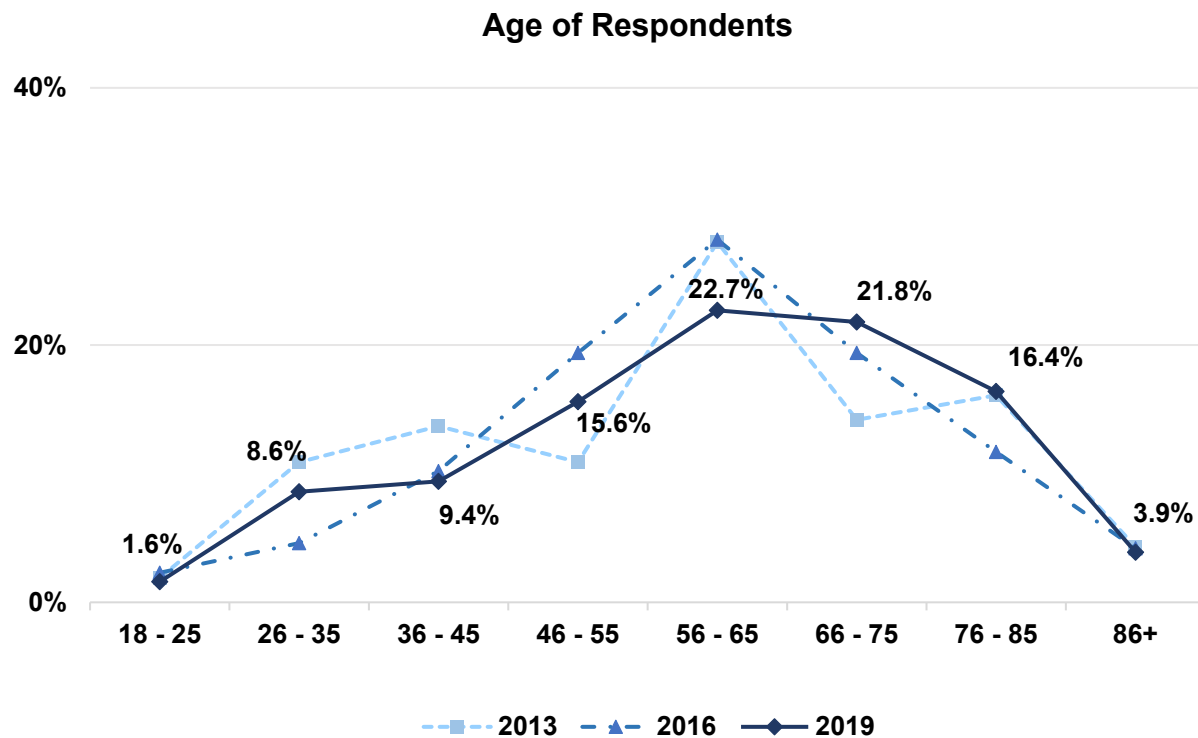Twenty-three percent of respondents (n=29) were between the ages of 56-65. Twenty-two percent of respondents (n=28) were between the ages of 66-75, and 16.4% of respondents (n=21) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults, and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.

Age of Respondents

	40%								

22.7%
21.8%
16.4%
8.6%
15.6%
9.4%
3.9%
1.6%

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

--■-- 2013   --▲-- 2016   ──◆── 2019

Employment status (Question 37)
2019 N= 128
2016 N= 210
2013 N= 195

Respondents were asked to indicate their employment status. Thirty-eight percent (n=48) reported they work full time, while 35.9% (n=46) are retired.
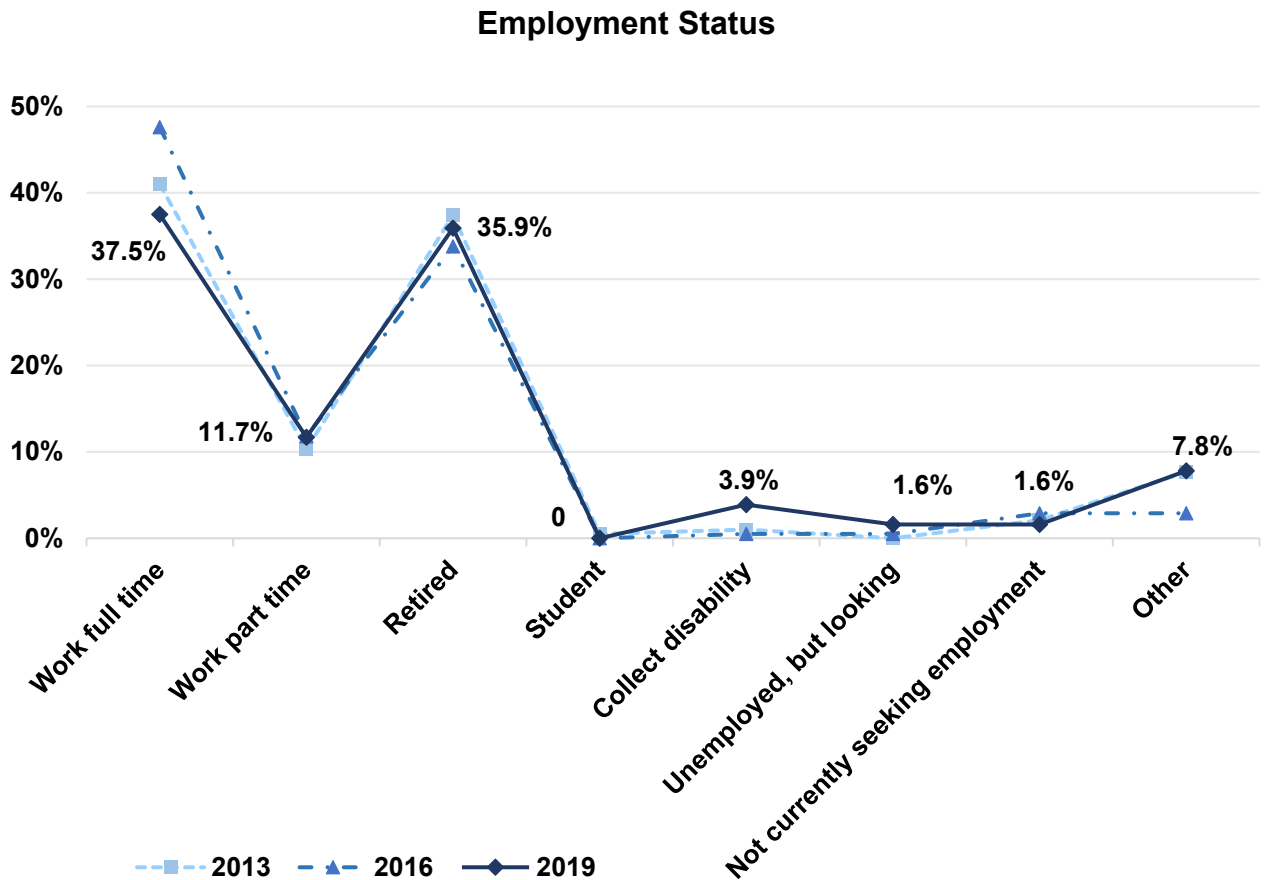
Employment Status

"Other" comments:
- Retired, S.S.
- Not currently seeking employment, Homemaker
- Retired, Handicap
- Work full time, Retired, Social Sec
- Retired, collecting disability, Help my brother out some
- Self employed
- Stay at home parent

V. Survey Findings – Community Health

Impression of Community (Question 1)
2019 N= 127
2016 N= 206
2013 N= 201

Respondents were asked to indicate how they would rate the general health of their community. Sixty-one percent of respondents (n=78) rated their community as "Somewhat healthy", and 31.5% of respondents (n=40) felt their community was "Healthy." One respondent indicated they felt their community was "Very unhealthy."

Rating of Healthy Community

Category	2013	2016	2019
Very healthy	2%	1.5%	0
Healthy	33.3%	28.6%	31.5%
Somewhat healthy	55.7%	60.7%	61.4%
Unhealthy	9%	9.2%	6.3%
Very unhealthy	0	0	0.8%

■2013 ■2016 ■2019
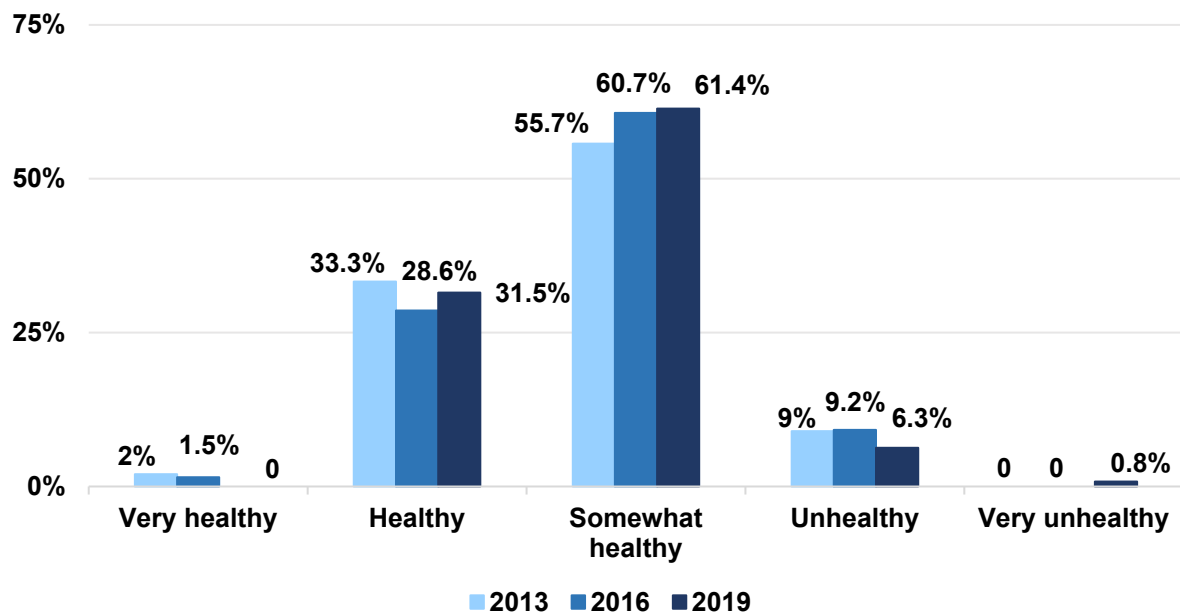
Health Concerns for Community (Question 2)
2019 N= 132
2016 N= 220
2013 N= 217

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was "Alcohol abuse/substance abuse" with 56.1% (n=74). "Cancer" was also a high priority at 47.7% (n=63), followed by "Overweight/obesity" at 28% (n=37). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

Health Concern	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Alcohol abuse/substance abuse*	**117**	**53.9%**	**145**	**65.9%**	**74**	**56.1%**
Cancer	**106**	**48.8%**	**121**	**55.0%**	**63**	**47.7%**
Overweight/obesity	**70**	**32.3%**	**58**	**26.4%**	**37**	**28.0%**
Mental health issues	40	18.4%	43	19.5%	31	23.5%
Depression/anxiety	38	17.5%	39	17.7%	29	22.0%
Heart disease	49	22.6%	43	19.5%	25	18.9%
Tobacco use (cigarettes, vaping/ e-cigarettes, smokeless)	26	12.0%	29	13.2%	25	18.9%
Diabetes	28	12.9%	35	15.9%	17	12.9%
Lack of access to healthcare	40	18.4%	36	16.4%	14	10.6%
Alzheimer's/dementia	Not asked - 2013		Not asked - 2016		12	9.1%
Suicide	Not asked - 2013		Not asked - 2016		10	7.6%
Lack of exercise	29	13.4%	27	12.3%	9	6.8%
Social isolation/loneliness	Not asked - 2013		Not asked - 2016		8	6.1%
Child abuse/neglect	10	4.6%	21	9.5%	6	4.5%
Domestic violence	16	7.4%	20	9.1%	5	3.8%
Stroke*	13	6.0%	5	2.3%	2	1.5%
Work related accidents/injuries	5	2.3%	1	0.5%	1	0.8%
Lack of dental care	4	1.8%	7	3.2%	0	0.0%
Motor vehicle accidents*	11	5.1%	5	2.3%	0	0.0%
Recreation related accidents/injuries	3	1.4%	5	2.3%	0	0.0%
Hunger	Not asked - 2013		Not asked - 2016		1	0.8%
Other	10	4.6%	7	3.2%	3	2.3%
*Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses						

"Other" comments: - Cancer, mental health issues, negative authority figures

Components of a Healthy Community (Question 3)
2019 N= 132
2016 N= 220
2013 N= 217

Respondents were asked to identify the three most important things for a healthy community. Fifty-four percent of respondents (n=72) indicated that "Good jobs and a healthy economy" is important for a healthy community. "Access to healthcare and other services" was the second most indicated component at 50% (n=66) and third was "Emergency services (police, fire, EMS)" at 28% (n=37). Respondents were asked to identify their top three choices, so percentages do not equal 100%.

Important Component	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Good jobs and a healthy economy*	56	25.8%	**88**	**40.0%**	**72**	**54.5%**
Access to healthcare and other services	**130**	**59.9%**	121	55.0%	**66**	**50.0%**
Emergency services (police, fire, EMS)*	35	16.1%	48	21.8%	**37**	**28.0%**
Healthy behaviors and lifestyles	**60**	**27.6%**	64	29.1%	33	25.0%
Strong family life	56	25.8%	**65**	**29.5%**	26	19.7%
Good schools	29	13.4%	26	11.8%	25	18.9%
Adequate, affordable housing*	**78**	**35.9%**	46	20.9%	23	17.4%
Clean/appealing environment	23	10.6%	14	6.4%	18	13.6%
Religious or spiritual values*	54	24.9%	61	27.7%	18	13.6%
Immunized children	15	6.9%	22	10.0%	15	11.4%
Low crime/safe neighborhoods*	41	18.9%	22	10.0%	13	9.8%
Community involvement	17	7.8%	17	7.7%	10	7.6%
Access to childcare/after school programs	6	2.8%	10	4.5%	7	5.3%
Parks and recreation	10	4.6%	7	3.2%	5	3.8%
Walking/biking paths	12	5.5%	12	5.5%	5	3.8%
Transportation services	Not asked - 2013		Not asked - 2016		3	2.3%
Low level of domestic violence	6	2.8%	3	1.4%	2	1.5%
Tolerance for diversity	5	2.3%	8	3.6%	2	1.5%
Low death and disease rates	4	1.8%	9	4.1%	1	0.8%
Arts and cultural events	4	1.8%	3	1.4%	0	0.0%
Other	4	1.8%	5	2.3%	2	1.5%

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

"Other" comments: - Young children learn work ethics

**Awareness of Health Services (Question 4)**
2019 N= 127
2016 N= 219
2013 N= 212

Respondents were asked to rate their knowledge of the health services available in Dawson County. Sixty percent (n=76) of respondents rated their knowledge of health services as "Good", "Fair" was selected by 27.6% percent (n=35), and "Excellent" was selected by 9.4% (n=12) of respondents.

Knowledge of Health Services
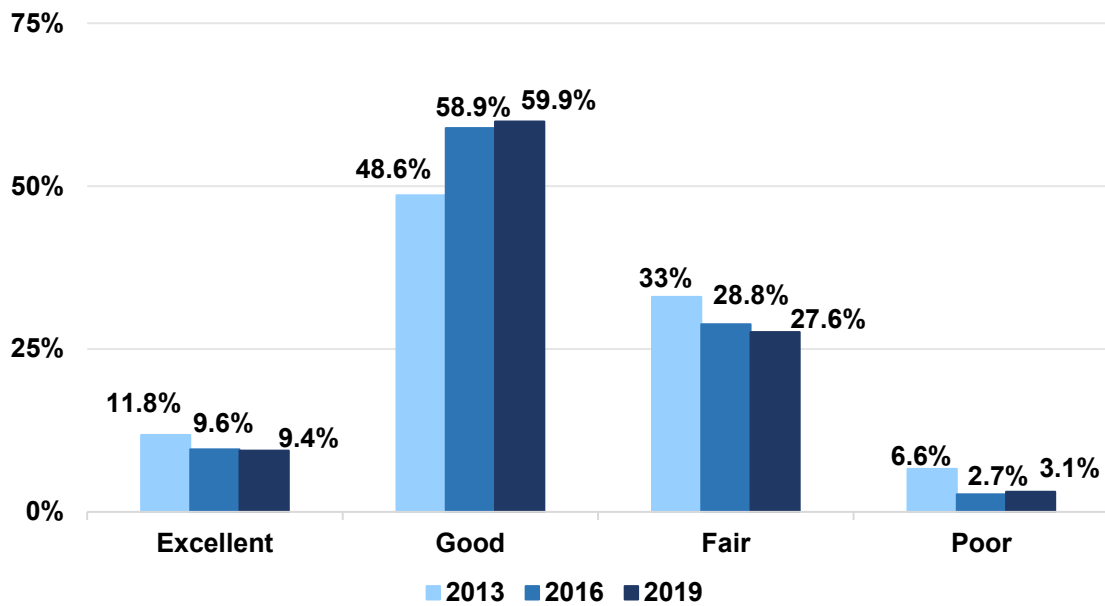
How Respondents Learn of Healthcare Services (Question 5)
2019 N= 132
2016 N= 220
2013 N= 217

The most frequently indicated method of learning about available services was "Friends/family" at 58.3% (n=77). "Word of mouth/reputation" was the second most frequent response at 53.8% (n=71), followed by "Ranger Review" at 51.5% (n=68). Respondents could select more than one method, so percentages do not equal 100%.

Method	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Friends/family*	**110**	**50.7%**	**163**	**74.1%**	**77**	**58.3%**
Word of mouth/reputation	**135**	**62.2%**	**140**	**63.6%**	**71**	**53.8%**
Ranger Review	**106**	**48.8%**	**110**	**50.0%**	**68**	**51.5%**
Dawson County Health Department*	20	9.2%	70	31.8%	57	43.2%
Healthcare provider	98	45.2%	88	40.0%	52	39.4%
Mailings/newsletter	44	20.3%	46	20.9%	37	28.0%
Social media/Facebook*	Not asked - 2013		38	17.3%	36	27.3%
Radio (KXGN, KGLE, KDZN)*	47	21.7%	71	32.3%	34	25.8%
Website/internet	26	12.0%	25	11.4%	24	18.2%
Television	18	8.3%	34	15.5%	19	14.4%
Community bulletin boards	Not asked - 2013		Not asked - 2016		12	9.1%
Billboards	Not asked - 2013		Not asked - 2016		8	6.1%
Presentations	13	6.0%	6	2.7%	7	5.3%
Other	10	4.6%	3	1.4%	6	4.5%
*Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses						

"Other" comments:
- I work in healthcare
- Work (2)
- My Doc
- Experience
- Past employee at GMC

Cross Tabulation of Service Knowledge and Learning about Services

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

KNOWLEDGE RATING OF HEALTH SERVICES IN DAWSON COUNTY

BY

HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Friends/family	6 (8.1%)	40 (54.1%)	26 (35.1%)	2 (2.7%)	74
Word of mouth/reputation	5 (7.1%)	41 (58.6%)	21 (30%)	3 (4.3%)	70
Ranger Review	7 (10.6%)	44 (66.7%)	15 (22.7%)		66
Dawson Co Health Department	5 (9.1%)	39 (70.9%)	11 (20%)		55
Healthcare provider	7 (14%)	34 (68%)	9 (18%)		50
Mailings/newsletter	6 (16.2%)	18 (48.6%)	12 (32.4%)	1 (2.7%)	37
Social media/Facebook	6 (16.7%)	23 (63.9%)	5 (13.9%)	2 (5.6%)	36
Radio (KXGN, KGLE, KDZN)	2 (5.9%)	26 (76.5%)	6 (17.6%)		34
Website/internet	1 (4.3%)	15 (65.2%)	6 (26.1%)	1 (4.3%)	23
Television	1 (5.3%)	13 (68.4%)	5 (26.3%)		19
Community bulletin boards	2 (16.7%)	6 (50%)	4 (33.3%)		12
Billboards	1 (12.5%)	4 (50%)	3 (37.5%)		8
Presentations		5 (71.4%)	2 (28.6%)		7
Other	2 (33.3%)	3 (50%)	1 (16.7%)		6

Utilized Community Health Resources (Question 6)
2019 N= 132
2016 N= 220

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. "Pharmacy" was the most frequently utilized resource cited by respondents at 79.5% (n=105). "Dentist" was utilized by 72% (n=95), and the "Dawson County Health Department" was utilized by 41.7% (n=55) of respondents. Respondents could select more than one resource, so percentages do not equal 100%.

Resource	2016		2019	
	Count	Percent	Count	Percent
Pharmacy	**182**	**82.7%**	**105**	**79.5%**
Dentist	**157**	**71.4%**	**95**	**72.0%**
Dawson County Health Department	**103**	**46.8%**	**55**	**41.7%**
Optometrist	Not asked - 2016		54	40.9%
Alternative medicine (ex. Chiropractor) *	69	31.4%	27	20.5%
Physical therapy services	Not asked - 2016		25	18.9%
Massage therapy	42	19.1%	23	17.4%
Fitness center	Not asked - 2016		21	15.9%
Senior Center	17	7.7%	16	12.1%
Food bank	Not asked - 2016		6	4.5%
Home care services	Not asked - 2016		5	3.8%
Mental Health Center	5	2.3%	4	3.0%
Medical marijuana dispensary	Not asked - 2016		2	1.5%
Meals on Wheels	Not asked - 2016		1	0.8%
Substance abuse services	Not asked - 2016		1	0.8%
Other	10	4.5%	4	3.0%
*Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses				

"Other" comments:
- Health Fair
- Cardio rehab
- Optometrist
- Functional medicine

Improvement for Community's Access to Healthcare (Question 7)
2019 N= 132
2016 N= 220
2013 N= 217

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Fifty-six percent of respondents (n=74) reported that "More primary care providers" would make the greatest improvement. Fifty-two percent of respondents (n=69) indicated "More specialists" would improve access, and "Improved quality of care" was selected by 47% (n=62). Respondents could select more than one method, so percentages do not equal 100%.

Service	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
More primary care providers	**121**	**55.8%**	**124**	**56.4%**	**74**	**56.1%**
More specialists*	**69**	**31.8%**	**86**	**39.1%**	**69**	**52.3%**
Improved quality of care	**86**	**39.6%**	**83**	**37.7%**	**62**	**47.0%**
More information about available services	Not asked - 2013		Not asked - 2016		51	38.6%
Outpatient services expanded hours	52	24.0%	50	22.7%	32	24.2%
Greater health education services	33	15.2%	21	9.5%	22	16.7%
Telemedicine	24	11.1%	24	10.9%	16	12.1%
Transportation assistance	19	8.8%	23	10.5%	16	12.1%
Cultural sensitivity	6	2.8%	4	1.8%	3	2.3%
Interpreter services	3	1.4%	2	0.9%	3	2.3%
Other	14	6.5%	14	6.4%	15	11.4%
*Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses						

"Other" comments:
- Care providers to stay
- Better billing system
- The billing at the hospital sucks. If a private business ran the way do, they would be out of business
- Doctors staying longer than 2 years; less mid-levels + more MD's
- Options for payment plans. Made full-upfront payment for services, got 6 bills after a Dr. visit or hospital visit; thought I paid in full then found out it wasn't the case.
- Improving the billing system + how employees communicate with people
- Doctors staying
- Lower costs
- Better, expanded mental health
- Smiles
- New hospital board
- Have no idea
- Confidentiality
- Cheaper hospital rates
- 1 more eye Dr.

Interest in Educational Classes or Programs (Question 8)

2019 N= 132
2016 N= 220

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/program was "Health and wellness" at 36.4% (n=48). "Senior wellness" was selected by 31.1% of respondents (n=41), and "Weight loss" followed at 28.8% (n=38). Respondents could select more than one interest, so percentages do not equal 100%.

Educational Class/Program	2016 Count	2016 Percent	2019 Count	2019 Percent
Health and wellness	**65**	**29.5%**	**48**	**36.4%**
Senior wellness*	46	20.9%	**41**	**31.1%**
Weight loss	**67**	**30.5%**	**38**	**28.8%**
Women's health	**61**	**27.7%**	37	28.0%
Fitness	53	24.1%	36	27.3%
Nutrition	55	25.0%	36	27.3%
Living will	43	19.5%	27	20.5%
Heart health*	22	10.0%	25	18.9%
Diabetes	27	12.3%	21	15.9%
Alzheimer's	39	17.7%	19	14.4%
First aid/CPR	35	15.9%	19	14.4%
Support groups*	11	5.0%	16	12.1%
Men's health	22	10.0%	15	11.4%
Cancer	25	11.4%	14	10.6%
Mental health	25	11.4%	10	7.6%
Grief counseling	14	6.4%	8	6.1%
Parenting	11	5.0%	8	6.1%
Smoking/tobacco cessation	9	4.1%	7	5.3%
Alcohol/substance abuse	4	1.8%	3	2.3%
Prenatal	2	0.9%	2	1.5%
Other	5	2.3%	4	3.0%

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

"Other" comments:
- How your billing system works
- Physical activity program- club soccer, dodgeball tourney?
- Functional medicine
- Internet awareness for parents. Help us keep up with snapchat/Facebook Instagram etc. sites that can be harmful for kids

Utilization of Preventative Services (Question 9)
2019 N= 132
2016 N= 220
2013 N= 217

Respondents were asked if they had utilized any of the preventative services listed in the past year. "Dental exam" was selected by 64.4% of respondents (n=85). Fifty-eight percent of respondents (n=76) indicated they received a "Flu shot", and 50.8% of respondents (n=67 each) had a "Vision check" and/or a "Community blood draw". Respondents could select all that apply thus the percentages do not equal 100%.

Service	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Dental exam	**112**	**51.6%**	**130**	**59.1%**	**85**	**64.4%**
Flu shot	**115**	**53.0%**	**122**	**55.5%**	**76**	**57.6%**
Vision check	**104**	**47.9%**	**106**	**48.2%**	**67**	**50.8%**
Community blood draw	Not asked - 2013		Not asked - 2016		**67**	**50.8%**
Routine health checkup*	75	34.6%	93	42.3%	64	48.5%
Adult immunizations*	49	22.6%	73	33.2%	63	47.7%
Routine blood pressure check	78	35.9%	81	36.8%	60	45.5%
Cholesterol check	72	33.2%	88	40.0%	57	43.2%
Mammography	62	28.6%	67	30.5%	25	18.9%
Prostate (PSA)	28	12.9%	41	18.6%	25	18.9%
Pap smear*	55	25.3%	38	17.3%	17	12.9%
Child immunizations	19	8.8%	25	11.4%	16	12.1%
Children's checkup/Well baby	15	6.9%	15	6.8%	15	11.4%
Colonoscopy	20	9.2%	25	11.4%	15	11.4%
Hearing check	Not asked - 2013		Not asked - 2016		15	11.4%
Mental health counseling	Not asked - 2013		Not asked - 2016		5	3.8%
Health education class	Not asked - 2013		8	3.6%	3	2.3%
None	12	5.5%	12	5.5%	2	1.5%
Other	Not asked - 2013		Not asked - 2016		5	3.8%

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

"Other" comments:
- Eye Surgery
- STATE Health fair
- Functional medicine
- Blood work - ER visit
- Pregnancy check-ups

Desired Local Healthcare Services (Question 10)
2019 N= 132
2016 N= 220
2013 N= 217

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having "Dermatology" services at 31.8% (n=42), followed by a "Wellness center" at 21.2% (n=28), and "ENT (ear/nose/throat)" at 20.5% (n=27). Respondents were asked to select all that apply, so percentages do not equal 100%.

Service	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Dermatology	**63**	**29.0%**	**61**	**27.7%**	**42**	**31.8%**
Wellness center*	**47**	**21.7%**	**29**	**13.2%**	**28**	**21.2%**
ENT (ear/nose/throat)	**57**	**26.3%**	**50**	**22.7%**	**27**	**20.5%**
Nutritional services	22	10.1%	26	11.8%	21	15.9%
Sleep center	Not asked - 2013		38	17.3%	21	15.9%
Doctor on Demand (web-based)	Not asked - 2013		16	7.3%	12	9.1%
Cardiology	20	9.2%	25	11.4%	11	8.3%
Diabetic education	Not asked - 2013		19	8.6%	10	7.6%
Cancer care	20	9.2%	21	9.5%	8	6.1%
Audiology	Not asked - 2013		16	7.3%	8	6.1%
Adult daycare	3	1.4%	6	2.7%	4	3.0%
Adult transitional housing	5	2.3%	3	1.4%	4	3.0%
Independent housing	10	4.6%	8	3.6%	4	3.0%
Mental/behavioral health/counseling	13	6.0%	16	7.3%	4	3.0%
Blood thinner clinic	Not asked - 2013		4	1.8%	4	3.0%
Prenatal/lactation services	9	4.1%	3	1.4%	3	2.3%
Other	14	6.5%	4	1.8%	5	3.8%
*Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses						

"Other" comments:
- Specialists
- Pain management
- Functional medicine
- Bone & joint
- Dental care

Economic Importance of Local Healthcare Providers and Services (Question 11)
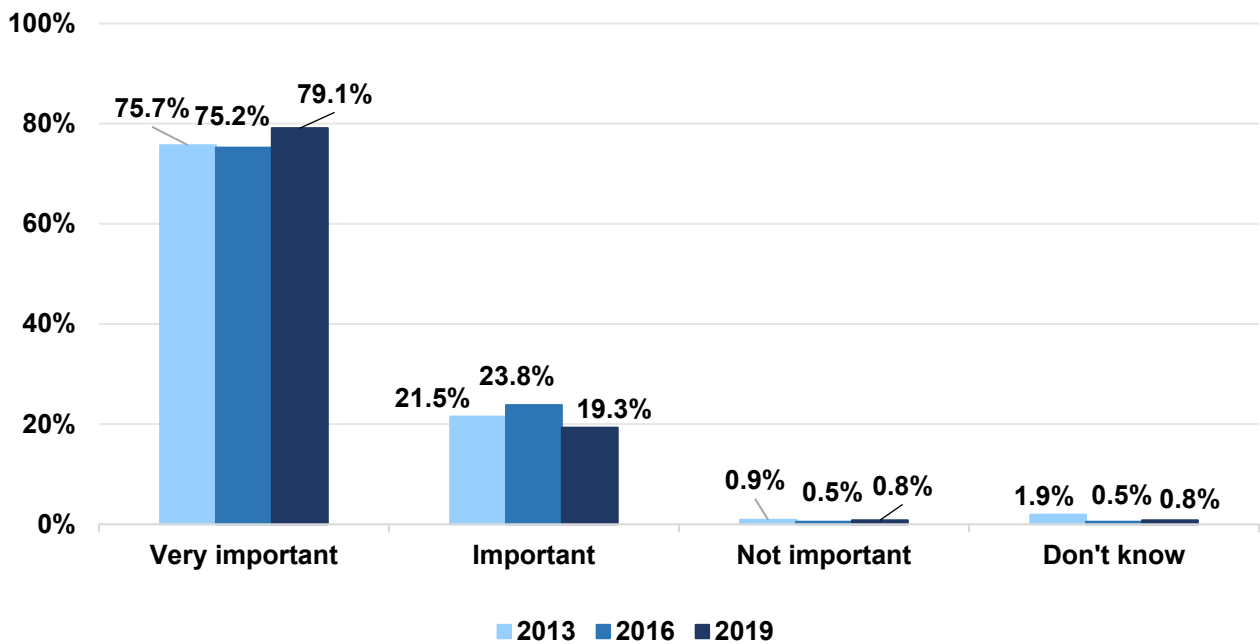2019 N= 129
2016 N= 218
2013 N= 214

The majority of respondents (79.1%, n=102), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are 'Very important' to the economic wellbeing of the area. Nineteen percent of respondents (n=25) indicated they are "Important", and one respondent, or 0.8% (each) indicated they "Don't know" or "Not important".

Economic Importance of Healthcare

Legend: ■2013 ■2016 ■2019

Needed/Delayed Hospital Care During the Past Three Years (Question 12)
2019 N= 127
2016 N= 208
2013 N= 197

Thirty-two percent of respondents (n=40) 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. Sixty-eight percent of respondents (n=87) felt they were able to get the healthcare services they needed without delay.

Delayed or Did Not Receive Needed Medical Services in Past 3 Years
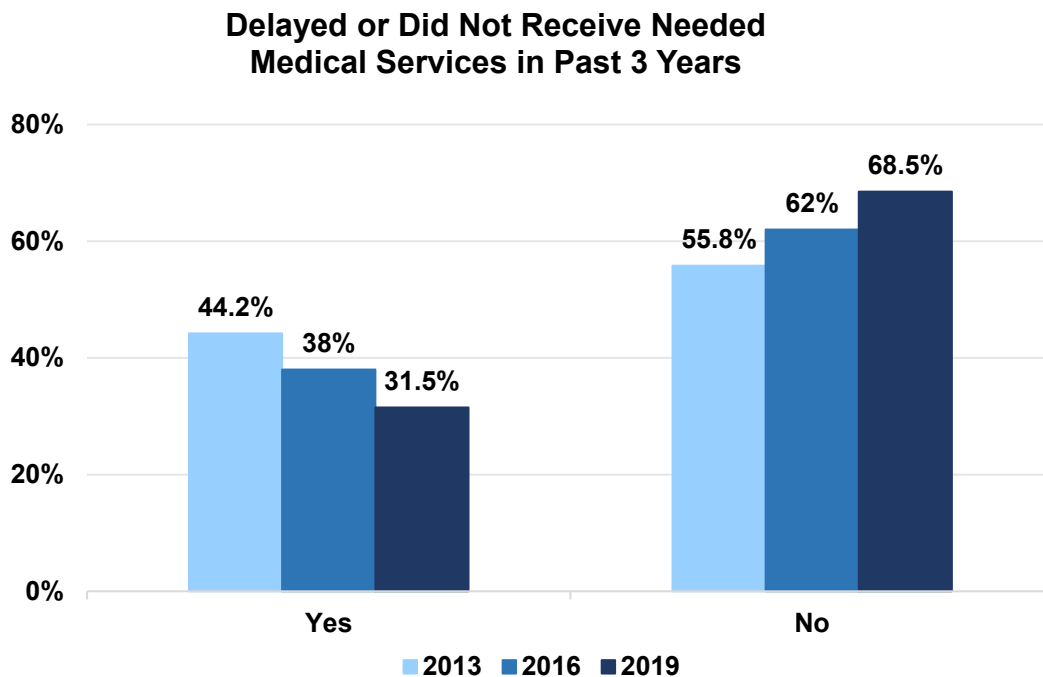
Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 13)
2019 N= 40
2016 N= 79
2013 N= 87

For those who indicated they were unable to receive or had to delay services (n=40), the reasons most cited were: "It cost too much" (42.5%, n=17), "Too long to wait for an appointment" (27.5%, n=11), and "Don't like doctors" (25%, n=10). Respondents were asked to indicate their top three choices, so percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
It costs too much	**39**	**44.8%**	**22**	**27.8%**	**17**	**42.5%**
Too long to wait for an appointment	**30**	**34.5%**	**26**	**32.9%**	**11**	**27.5%**
Don't like doctors*	**32**	**36.8%**	11	13.9%	**10**	**25.0%**
Could not get an appointment	22	25.3%	**15**	**19.0%**	8	20.0%
No insurance*	19	21.8%	6	7.6%	8	20.0%
Office wasn't open when I could go	8	9.2%	3	3.8%	5	12.5%
Didn't know where to go	6	6.9%	2	2.5%	4	10.0%
Too nervous or afraid	5	5.7%	4	5.1%	4	10.0%
It was too far to go	2	2.3%	3	3.8%	3	7.5%
My insurance didn't cover it	13	14.9%	8	10.1%	3	7.5%
Not treated with respect*	18	20.7%	7	8.9%	3	7.5%
Transportation problems	1	1.1%	2	2.5%	2	5.0%
Unsure if services were available	6	6.9%	12	15.2%	2	5.0%
Had no one to care for the children	1	1.1%	1	1.3%	1	2.5%
Could not get off work	2	2.3%	1	1.3%	0	0.0%
Language/communication barrier	0	0.0%	0	0.0%	0	0.0%
Other	12	13.8%	6	7.6%	9	22.5%
*Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses						

"Other" comments:
- No provider
- Inadequate providers and healthcare
- I tried taking classes for Pre-diabetics, but I didn't qualify
- Billing from GMC
- Eventually felt better
- Doctors don't stay in Glendive
- GMC triples cost of services & doesn't send bill before sending you to collections
- Need better outpatient PA-C

Cross Tabulation of Delay of Services and Residence

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

DELAY OR DID NOT GET NEEDED HEALTHCARE SERVICES BY RESIDENCE

	Yes	No	Total
Glendive 59330	36 (32.4%)	75 (67.6%)	**111**
Wibaux 59353		4 (100%)	**4**
Circle 59215	1 (25%)	3 (75%)	**4**
Bloomfield 59315		3 (100%)	**3**
Terry 59349	2 (66.7%)	1 (33.3%)	**3**
Savage 59262			**0**
Beach, ND 58621			**0**
Lindsay 59339			**0**
Richey 59259			**0**
Baker 59313			**0**
Sidney 59270			**0**
Fallon 59326			**0**
Other		1 (100%)	**1**
TOTAL	**39 (31%)**	**87 (69%)**	**126**

Primary Care Received in the Past Three Years (Question 14)
2019 N= 130
2016 N= 215
2013 N= 208

Ninety-five percent of respondents (n=123) 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, 5.4% respondents (n=7) indicated they or someone in their household had not.

Primary Care Received in Past 3 Years
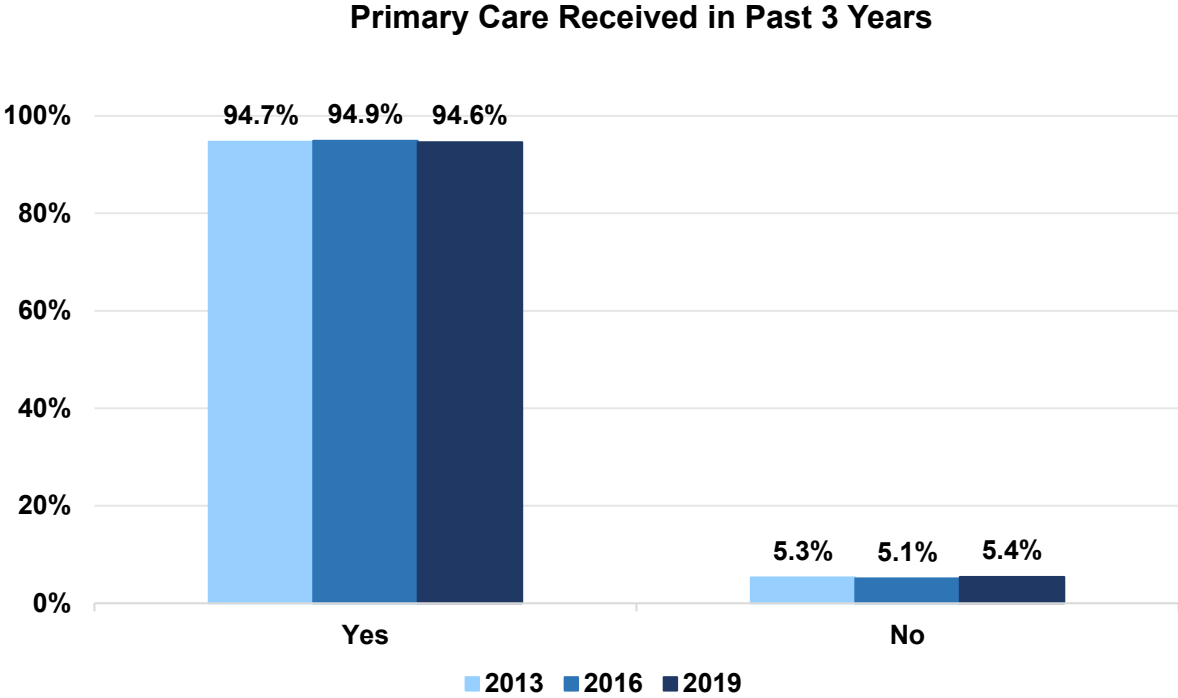
Location of Primary Care Provider (Question 15)
2019 N= 120
2016 N= 181
2013 N= 174

Of the 123 respondents who indicated receiving primary care services in the previous three years, 61.7% (n=74) reported receiving care in Glendive, 21.7% percent of respondents (n=26) went to a location "other" than those provided, and 8.3% (n=10) went to Miles City. Three of the 123 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Glendive*	**115**	**66.1%**	**137**	**75.7%**	**74**	**61.7%**
Miles City	**17**	**9.8%**	**19**	**10.5%**	**10**	**8.3%**
Billings	10	5.7%	4	2.2%	4	3.3%
Wibaux	Not asked - 2013		Not asked - 2016		2	1.7%
Sidney	5	2.9%	3	1.7%	1	0.8%
Dickinson, ND	4	2.3%	2	1.1%	1	0.8%
VA*	5	2.9%	**16**	**8.8%**	1	0.8%
Beach, ND	Not asked - 2013		Not asked - 2016		1	0.8%
Williston, ND	1	0.6%	Not asked - 2016		Not asked - 2019	
Other*	**17**	**9.8%**	0	0	**26**	**21.7%**
TOTAL	**174**	**100%**	**181**	**100%**	**120**	**100%**
*Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses						

"Other" comments:
- Sadly, Denver, CO
- Billings, Bismarck
- ND
- Circle (3)
- Glendive, Circle, Bismarck ND
- Bismarck, Glendive, Dickinson, Beach, Wibaux

Reasons for Selection of Primary Care Provider (Question 16)
2019 N= 123
2016 N= 204
2013 N= 197

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 41.5% (n=51), followed by "Prior experience with clinic" at 34.1% (n=42), and "Clinic/provider's reputation for quality" at 33.3% (n=41). Respondents were asked to check all that apply, so the percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Closest to home	**93**	**47.2%**	**108**	**52.9%**	**51**	**41.5%**
Prior experience with clinic	**75**	**38.1%**	**92**	**45.1%**	**42**	**34.1%**
Clinic/provider's reputation for quality*	45	22.8%	30	14.7%	**41**	**33.3%**
Appointment availability	**66**	**33.5%**	**69**	**33.8%**	40	32.5%
Recommended by family or friends	43	21.8%	43	21.1%	24	19.5%
Referred by physician or other provider*	16	8.1%	19	9.3%	24	19.5%
Length of waiting room time	17	8.6%	24	11.8%	14	11.4%
Cost of care	19	9.6%	11	5.4%	8	6.5%
VA/Military requirement	9	4.6%	5	2.5%	4	3.3%
Required by insurance plan	6	3.0%	5	2.5%	3	2.4%
Indian Health Services	1	0.5%	1	0.5%	0	0.0%
Other	24	12.2%	32	15.7%	12	9.8%
*Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses						

"Other" comments:
- Available provider
- Quality of service
- Privacy/confidentiality
- Have known for 35 years since she was a nurse in Baker
- Been seeing her for years
- #1 provider/retired, #2 provider/moved, #3 provider temp. fill in
- No longer use provider
- Can understand bills
- Like her
- Dr. Potter is AMAZING!

Cross Tabulation of Primary Care and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code. The chart below shows the results of the cross tabulation. Clinic location is across the top of the table and residents' zip codes are along the side.

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Glendive	Miles City	Billings	Wibaux	Sidney	Dickinson, ND	VA	Beach, ND	Other	Total
Glendive **59330**	70 (66.7%)	7 (6.7%)	3 (2.9%)	2 (1.9%)	1 (1%)	1 (1%)	1 (1%)		20 (19%)	**105**
Wibaux **59353**	1 (25%)								3 (75%)	**4**
Bloomfield **59315**	1 (33.3%)	1 (33.3%)							1 (33.3%)	**3**
Circle **59215**			1 (33.3%)						2 (66.7%)	**3**
Terry **59349**	1 (33.3%)	2 (66.7%)								**3**
Fallon **59326**	1 (100%)									**1**
Savage **59262**										**0**
Beach, ND **58621**										**0**
Lindsay **59339**										**0**
Richey **59259**										**0**
Baker **59313**										**0**
Sidney **59270**										**0**
Other										**0**
TOTAL	74 (62.2%)	10 (8.4%)	4 (3.4%)	2 (1.7%)	1 (0.8%)	1 (0.8%)	1 (0.8%)	0 (0.0%)	26 (21.8%)	119 (100%)

Cross Tabulation of Clinic and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider. The chart below shows the results of the cross tabulation. Reason clinic/provider was selected was a multiple response item, thus totals do not add up to 100%.

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Glendive	Miles City	Billings	Sidney	Wibaux	Dickinson, ND	Beach, ND	VA	Other	Total
Closest to home	38 (76%)		2 (4%)						10 (20%)	**50**
Prior experience with clinic	20 (47.6%)	5 (11.9%)	2 (4.8%)		1 (2.4%)	1 (2.4%)			13 (31%)	**42**
Clinic/provider's reputation for quality	24 (58.5%)	4 (9.8%)	1 (2.4%)	1 (2.4%)		1 (2.4%)			10 (24.4%)	**41**
Appointment availability	25 (62.5%)	3 (7.5%)		1 (2.5%)	1 (2.5%)	1 (2.5%)			9 (22.5%)	**40**
Recommended by family or friends	14 (60.9%)	2 (8.7%)		1 (4.3%)			1 (4.3%)		5 (21.7%)	**23**
Referred by physician or other provider	13 (56.5%)	2 (8.7%)	1 (4.3%)						7 (30.4%)	**23**
Length of waiting room time	5 (35.7%)		1 (7.1%)	1 (7.1%)		1 (7.1%)	1 (7.1%)		5 (35.7%)	**14**
Cost of care	1 (12.5%)	1 (12.5%)	1 (12.5%)	1 (12.5%)		1 (12.5%)			3 (37.5%)	**8**
VA/Military requirement			1 (25%)					1 (25%)	2 (50%)	**4**
Required by insurance plan	1 (50%)	1 (50%)								**2**
Indian Health Services										**0**
Other	4 (36.4%)	2 (18.2%)			1 (9.1%)				4 (36.4%)	**11**

Hospital Care Received in the Past Three Years (Question 17)
2019 N= 128
2016 N= 212
2013 N= 204

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-nine percent of respondents (n=88) reported that they or a member of their family had received hospital care during the previous three years, and 31.3% (n=40) had not received hospital services.

Received Hospital Care in Past 3 Years
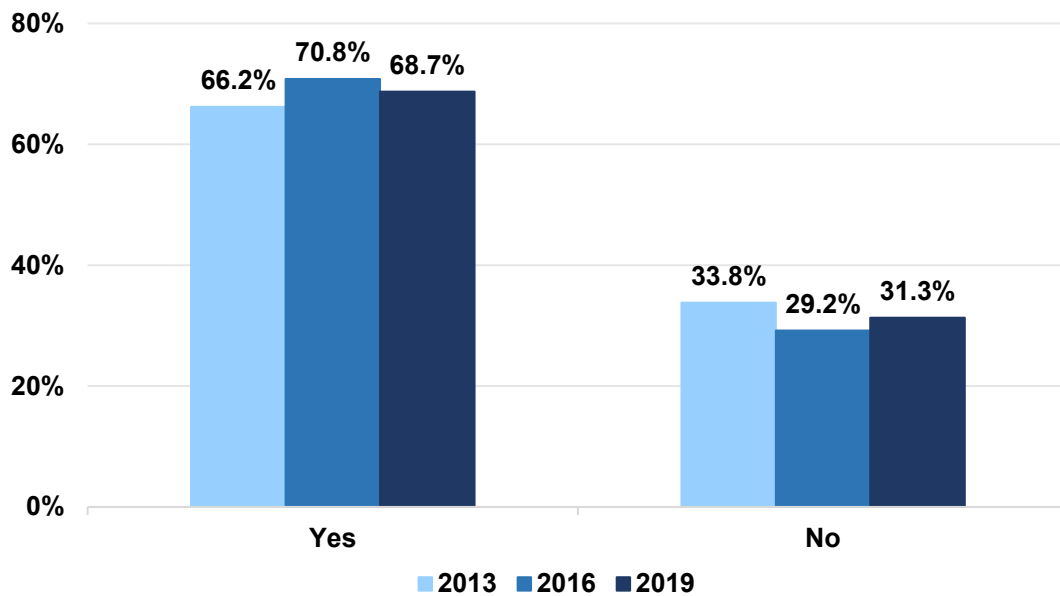
Hospital Used Most in the Past Three Years (Question 18)
2019 N= 88
2016 N= 135
2013 N= 124

Of the 88 respondents who indicated receiving hospital care in the previous three years, 43.2% (n=38) reported receiving care at Glendive Medical Center. Twenty-five percent of respondents (n=22) received services at Billings Clinic in Billings, and 15.9% of respondents (n=14) reported utilizing services from a location "other" than those listed.

Hospital	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Glendive Medical Center	**64**	**51.6%**	**66**	**48.9%**	**38**	**43.2%**
Billings Clinic – Billings	**20**	**16.1%**	**29**	**21.5%**	**22**	**25.0%**
Holy Rosary - Miles City	**13**	**10.5%**	**17**	**12.6%**	6	6.8%
Sidney Health Center - Sidney	4	3.2%	3	2.2%	4	4.5%
Dickinson, ND hospital	5	4.0%	3	2.2%	2	2.3%
St. Vincent's – Billings	9	7.3%	10	7.4%	2	2.3%
Williston, ND	1	0.8%	Not asked - 2016		Not asked - 2019	
Other	8	6.5%	7	5.2%	**14**	**15.9%**
TOTAL	**124**	**100%**	**135**	**100%**	**88**	**100%**
*Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses						

"Other" comments:
- Littleton Hospital, Denver, CO
- Yellowstone Surgery Center, Billings, MT
- Ortho MT
- Desert Regional Palm Springs, CA
- St. Alexius in Bismarck ND
- ND
- Glendive Medical Center, Bismarck
- The cheapest

Reasons for Selecting the Hospital Used (Question 19)
2019 N= 88
2016 N= 150
2013 N= 135

Of the 88 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was "Closest to home" and "Referred by physician or other provider" both selected by 46.6% (n=41) of respondents. "Prior experience with hospital" was selected by 40.9% of the respondents (n=36). Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

	2013		2016		2019	
Reason	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Closest to home	**76**	**56.3%**	**78**	**52.0%**	**41**	**46.6%**
Referred by physician or other provider*	41	30.4%	**57**	**38.0%**	**41**	**46.6%**
Prior experience with hospital	**54**	**40.0%**	**75**	**50.0%**	**36**	**40.9%**
Emergency, no choice	**52**	**38.5%**	42	28.0%	33	37.5%
Hospital's reputation for quality	39	28.9%	45	30.0%	24	27.3%
Recommended by family or friends	13	9.6%	24	16.0%	8	9.1%
Closest to work	13	9.6%	10	6.7%	6	6.8%
Cost of care	13	9.6%	7	4.7%	4	4.5%
Required by insurance plan	7	5.2%	6	4.0%	4	4.5%
VA/Military requirement	6	4.4%	5	3.3%	4	4.5%
Financial assistance programs	Not asked - 2013		Not asked - 2016		0	0.0%
Other	16	11.9%	10	6.7%	4	4.5%
*Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses						

"Other" comments:
- Was being treated for stem cell transplant
- Ability of PCP [primary care provider] to access my record
- Actually had regular doctor's, not traveling doctors
- Specialist in sinus surgery

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Glendive Medical Center	Billings Clinic Billings	Holy Rosary Miles City	Sidney Health Center Sidney	Dickinson, ND Hospital	St. Vincent's Billings	Other	Total
Glendive 59330	36 (47.4%)	17 (22.4%)	4 (5.3%)	4 (5.3%)		2 (2.6%)	13 (17.1%)	**76**
Wibaux 59353		2 (50%)			2 (50%)			**4**
Terry 59349		1 (33.3%)	1 (33.3%)				1 (33.3%)	**3**
Circle 59215		1 (50%)	1 (50%)					**2**
Bloomfield 59315		1 (100%)						**1**
Fallon 59326	1 (100%)							**1**
Savage 59262								**0**
Beach, ND 58621								**0**
Lindsay 59339								**0**
Richey 59259								**0**
Baker 59313								**0**
Sidney 59270								**0**
Other								**0**
TOTAL	**37 (42.5%)**	**22 (25.3%)**	**6 (6.9%)**	**4 (4.6%)**	**2 (2.3%)**	**2 (2.3%)**	**14 (16.1%)**	**87 (100%)**

Cross Tabulation of Hospital and Reason Selected

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

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	Glendive Medical Center	Billings Clinic Billings	Holy Rosary Miles City	Sidney Health Center Sidney	Dickinson, ND Hospital	St. Vincent's Billings	Other	Total
Closest to home	32 (78%)	2 (4.9%)	1 (2.4%)	1 (2.4%)		1 (2.4%)	4 (9.8%)	**41**
Referred by physician or other provider	15 (36.6%)	13 (31.7%)	3 (7.3%)	1 (2.4%)	2 (4.9%)	1 (2.4%)	6 (14.6%)	**41**
Prior experience with hospital	12 (33.3%)	10 (27.8%)	4 (11.1%)	1 (2.8%)	2 (5.6%)	1 (2.8%)	6 (16.7%)	**36**
Emergency, no choice	21 (63.6%)	4 (12.1%)	1 (3%)	1 (3%)	1 (3%)		5 (15.2%)	**33**
Hospital's reputation for quality	1 (4.2%)	12 (50%)	3 (12.5%)	2 (8.3%)	1 (4.2%)	1 (4.2%)	4 (16.7%)	**24**
Recommended by family or friends	2 (25%)	2 (25%)					4 (50%)	**8**
Closest to work	6 (100%)							**6**
Cost of care	1 (25%)	1 (25%)	1 (25%)	1 (25%)				**4**
Required by insurance plan	1 (25%)	1 (25%)	1 (25%)				1 (25%)	**4**
VA/Military requirement	2 (50%)	1 (25%)				1 (25%)		**4**
Financial assistance programs								**0**
Other		2 (50%)		2 (50%)				**4**

Use of Healthcare Specialists in the Past Three Years (Question 20)
2019 N= 129
2016 N= 211
2013 N= 200

Eighty-two percent of the respondents (n=106) indicated they or a household member had seen a healthcare specialist during the past three years, 17.8% (n=23) indicated they had not.

Visited a Specialist in Past 3 Years

	Yes	No
2013	75.5%	24.5%
2016	75.8%	24.2%
2019	82.2%	17.8%
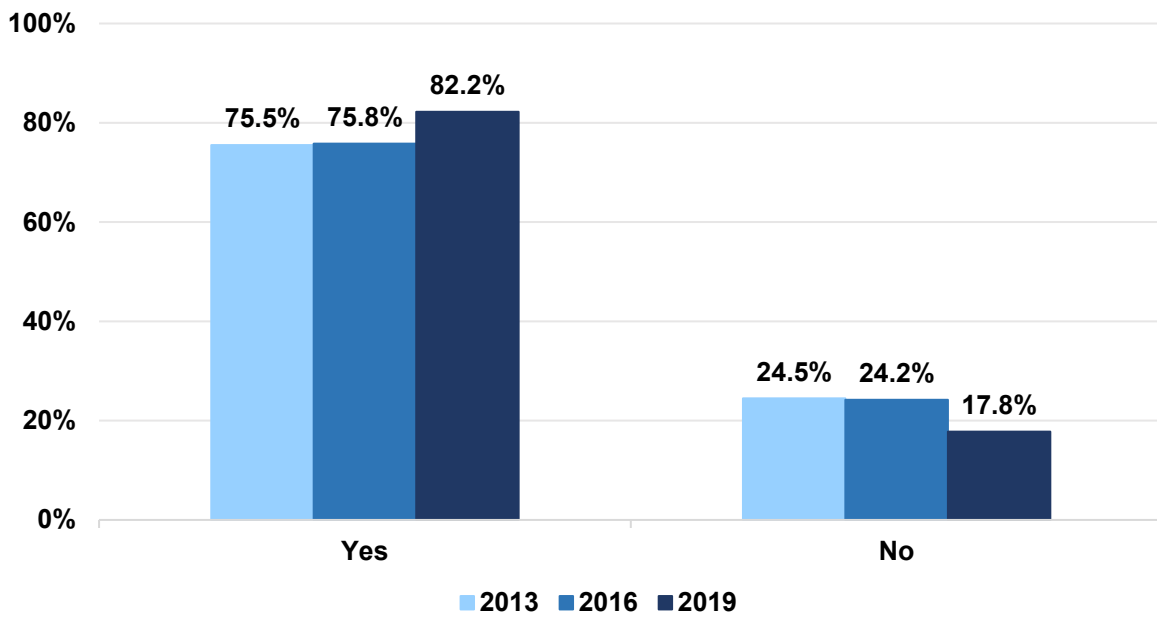
Location of Healthcare Specialist (Question 21)

2019 N= 106

2016 N= 160

2013 N= 151

Of the 106 respondents who indicated they saw a healthcare specialist in the past three years, 46.2% (n=49) saw one at Glendive Medical Center. Billings Clinic in Billings specialty services were utilized by 43.4% of respondents (n=46), and a location "other" than those provided was reported by 19.8% (n=21). Respondents could select more than one location, so percentages do not equal 100%.

Location	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Glendive Medical Center - Glendive	**74**	**49.0%**	**72**	**45.0%**	**49**	**46.2%**
Billings Clinic - Billings	**73**	**48.3%**	**85**	**53.1%**	**46**	**43.4%**
Holy Rosary - Miles City	**29**	**19.2%**	34	21.3%	19	17.9%
St. Vincent's - Billings	20	13.2%	22	13.8%	14	13.2%
Sidney Health Center - Sidney	9	6.0%	9	5.6%	11	10.4%
VA	5	3.3%	4	2.5%	5	4.7%
Dickinson, ND hospital	6	4.0%	3	1.9%	2	1.9%
Other	27	17.9%	**36**	**22.5%**	**21**	**19.8%**

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

"Other" comments:
- Tele-med from Billings Clinic
- Spearfish, SD
- Denver, CO
- Ortho MT (3)
- St. Alexus, Bismarck N.D.
- Palm Springs California
- Glendive Medical Urgent Care
- Rapid City - Regional
- Bismarck (5)
- ND
- Functional medicine
- 1. Ear, Nose, Throat 2. Summit Dentistry 3. Ortho MT

Type of Healthcare Specialist Seen (Question 22)

2019 N= 106
2016 N= 160
2013 N= 151

The respondents (n=106) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was an "Orthopedic surgeon" with 27.4% of respondents (n=29) having utilized their services. "Cardiologist" was the second most utilized specialist at 25.5% (n=27), and "Dentist" was third at 22.6% (n=24). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Health Care Specialist	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Orthopedic surgeon	**40**	**26.5%**	**42**	**26.3%**	**29**	**27.4%**
Cardiologist	30	19.9%	**33**	**20.6%**	**27**	**25.5%**
Dentist	Not asked - 2013		32	20.0%	**24**	**22.6%**
Dermatologist	**33**	**21.9%**	**35**	**21.9%**	22	20.8%
OB/GYN*	**37**	**24.5%**	20	12.5%	16	15.1%
ENT (ear/nose/throat)	20	13.2%	16	10.0%	14	13.2%
Physical therapist	20	13.2%	19	11.9%	14	13.2%
Urologist	12	7.9%	18	11.3%	14	13.2%
General surgeon	19	12.6%	30	18.8%	13	12.3%
Optometrist	Not asked - 2013		Not asked - 2016		13	12.3%
Ophthalmologist	18	11.9%	12	7.5%	12	11.3%
Radiologist*	31	20.5%	16	10.0%	11	10.4%
Oncologist	13	8.6%	15	9.4%	9	8.5%
Chiropractor	Not asked - 2013		22	13.8%	9	8.5%
Neurologist	20	13.2%	11	6.9%	8	7.5%
Pulmonologist	6	4.0%	8	5.0%	7	6.6%
Allergist	7	4.6%	10	6.3%	5	4.7%
Gastroenterologist	9	6.0%	13	8.1%	5	4.7%
Podiatrist	8	5.3%	7	4.4%	5	4.7%
Audiologist	Not asked - 2013		11	6.9%	5	4.7%
Endocrinologist	3	2.0%	7	4.4%	4	3.8%
Rheumatologist	8	5.3%	6	3.8%	4	3.8%
Neurosurgeon	6	4.0%	4	2.5%	3	2.8%
Pediatrician*	14	9.3%	6	3.8%	3	2.8%
Psychologist	6	4.0%	2	1.3%	2	1.9%
Social worker	Not asked - 2013		0	0.0%	2	1.9%

Occupational therapist*	8	5.3%	2	1.3%	1	0.9%
Psychiatrist (M.D.)	6	4.0%	6	3.8%	1	0.9%
Mental health counselor	Not asked - 2013		5	3.1%	1	0.9%
Speech therapist	Not asked - 2013		2	1.3%	1	0.9%
Substance abuse counselor	Not asked - 2013		1	0.6%	1	0.9%
Geriatrician	0	0.0%	2	1.3%	0	0.0%
Other	9	6.0%	16	10.0%	14	13.2%
*Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses						

"Other" comments:
- Nephrology (2)
- Hematologist
- Urgent Care P.A.
- PA
- Internal med
- Eye clinic
- Stroke
- Herbologist
- Hormonal - Bio Tc
- Natural/Homeopath
- Blood clot specialist, CT Scans, Surgeon
- Pediatric urologist
- Reproductive Endocrinologist

Overall Quality of Care at Glendive Medical Center (Question 23)
2019 N= 132
2016 N= 220
2013 N= 217

Respondents were asked to rate a variety of aspects of the overall care provided at Glendive Medical Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know. The sums of the average scores were then calculated with Home health/hospice services receiving the top average score of 3.5 out of 4.0. Surgical services received a 3.3 out of 4.0, and Cancer Outreach Center (chemo) and Laboratory services both received a score of 3.2 out of 4.0. The total average score 3.1, indicates the overall services of the hospital as "Good."

2019	**Excellent** (4)	**Good** (3)	**Fair** (2)	**Poor** (1)	**Haven't Used**	**Don't Know**	**No Ans**	**N**	**Avg**
Home health/hospice	14	5	1	1	91	8	12	132	**3.5**
Surgical services	19	18	4	1	71	9	10	132	**3.3**
Cancer Outreach Center (chemo)	5	3	1	1	103	8	11	132	**3.2**
Laboratory	35	42	15	1	28	5	6	132	**3.2**
Emergency room	32	27	16	4	43	2	8	132	3.1
Labor and delivery	7	7	1	2	93	10	12	132	3.1
Clinical services (family practice, pediatric, internal medicine)	23	50	17	5	23	5	9	132	3.0
In-patient services/hospital stay	10	17	6	2	80	9	8	132	3.0
OB/GYN	6	14	1	3	86	10	12	132	3.0
Rehabilitation services (physical, occupational, cardiac, speech)	14	13	8	3	74	9	11	132	3.0
Urgent care	24	14	10	6	64	3	11	132	3.0
Extended Care/nursing home	4	12	4	2	92	7	11	132	2.8
Behavioral Health	1	3	8	2	96	9	13	132	2.2
TOTAL	**194**	**225**	**92**	**33**					**3.1**

2016	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Answer	N	Avg
Cancer Outreach Center (chemo)	10	8	0	1	183	18	220	**3.4**
Surgical services	30	33	8	4	132	13	220	**3.2**
Pharmacy	37	53	16	5	97	12	220	**3.1**
Rehabilitation services (physical, occupational, cardiac)	18	34	5	4	142	17	220	**3.1**
Emergency room	55	57	34	10	56	8	220	3.0
OB/GYN	16	18	4	6	157	19	220	3.0
Home health/hospice	8	12	2	3	176	19	220	3.0
Laboratory	52	70	25	13	50	10	220	3.0
Primary Care	40	66	24	10	66	14	220	3.0
Labor and delivery	9	11	2	5	177	16	220	2.9
Extended Care/nursing home	3	17	6	6	173	15	220	2.5
Behavioral Health	4	4	3	5	189	15	220	2.4
TOTAL	**282**	**383**	**129**	**72**				**3.0**

2013	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Answer	N	Avg
Rehabilitation services (physical, occupational, cardiac)	20	31	8	4	102	52	217	**3.1**
Emergency room	47	47	18	17	52	36	217	**3.0**
Home health/hospice	16	24	6	4	109	58	217	**3.0**
Laboratory	36	57	22	13	49	40	217	2.9
Pharmacy	31	49	21	11	57	48	217	2.9
Surgical services	23	27	16	8	87	56	217	2.9
Cancer Outreach Center (chemo)	8	10	4	5	122	68	217	2.8
Extended Care/nursing home	12	32	11	8	94	60	217	2.8
Labor and delivery	9	16	7	5	120	60	217	2.8
Primary Care	29	72	31	22	28	35	217	2.7
Behavioral Health	5	11	5	11	112	73	217	2.3
TOTAL	**236**	**376**	**149**	**108**				**2.9**

Prevalence of Depression (Question 24)
2019 N= 115
2016 N= 212
2013 N= 208

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 percent of respondents (n=19) indicated they had experienced periods of depression, and 83.5% of respondents (n=96) indicated they had not.

**Felt Depressed on Most Days for
3 Consecutive Months**
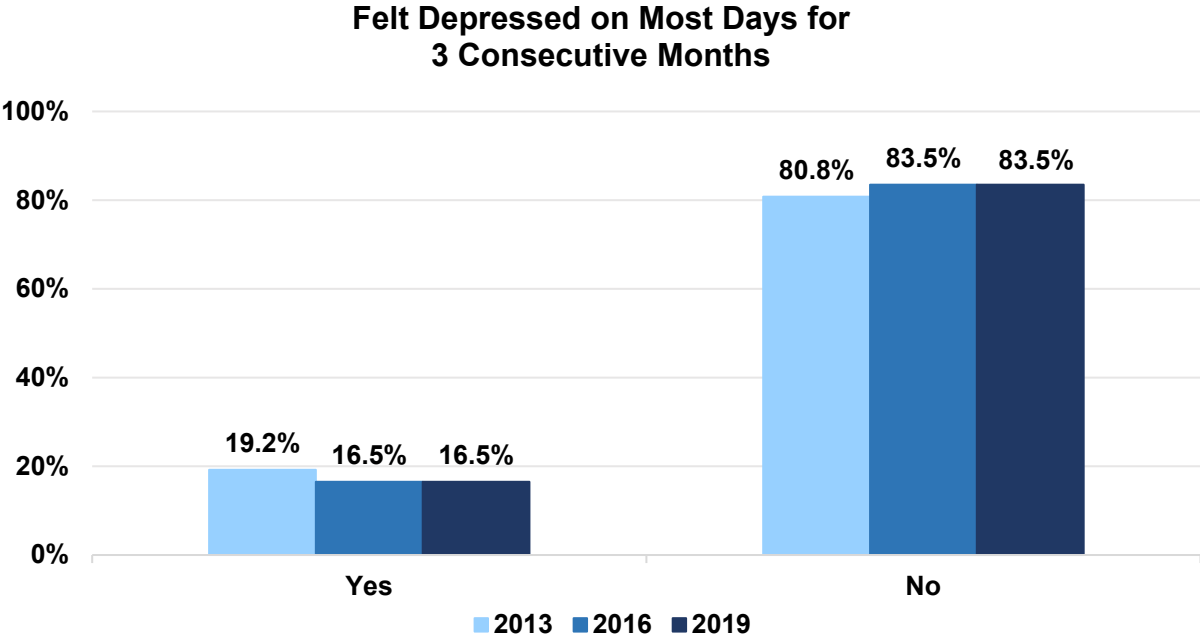
Physical Activity (Question 25)
2019 N= 129
2016 N= 211

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-eight percent of respondents (n=49) indicated they had "Daily" physical activity, and 34% (n=44) indicated they had physical activity of at least twenty minutes "2-4 times per week". Five percent of respondents (n=7) indicated they had "No physical activity".

Physical Activity Over the Past Month

	Daily	2 - 4 times per week	3 - 5 times per month	1 - 2 times per month	No physical activity
2016	37.4%	32.2%	18.5%	7.6%	4.3%
2019	38%	34%	16.3%	6.2%	5.4%
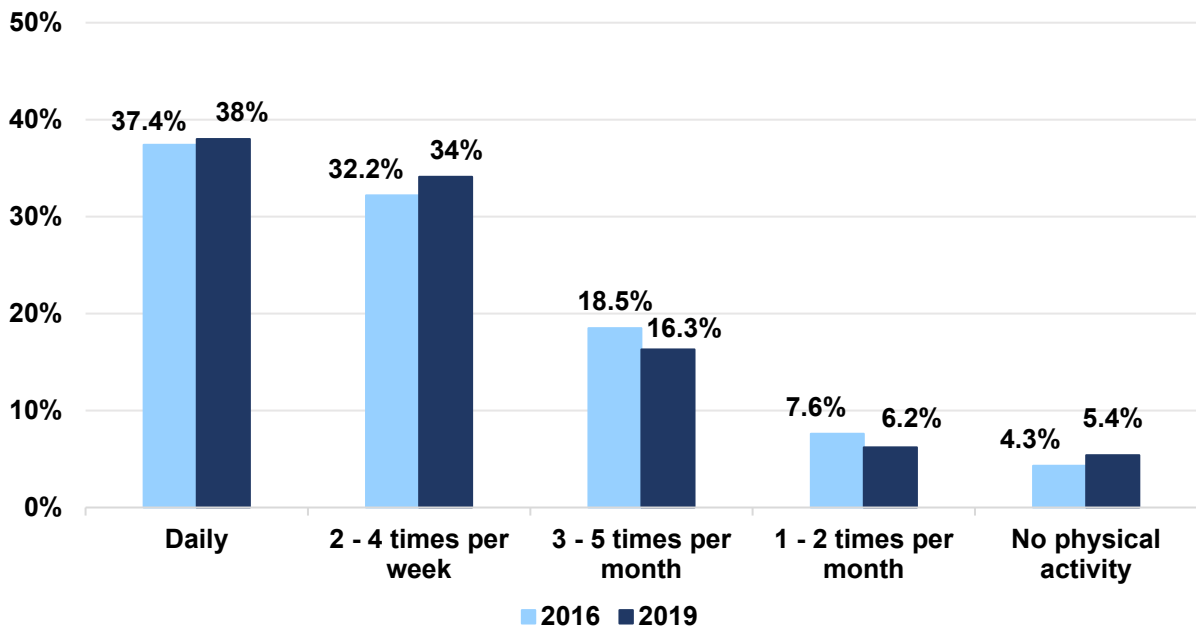
■2016 ■2019

Cost and Prescription Medications (Question 26)
2019 N= 130
2016 N= 190
2013 N= 180

Respondents were asked to indicate if during the last year medication costs had prohibited them from getting a prescription or taking their medication regularly. Seven percent of respondents (n=19) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Ninety-three percent of respondents (n=121) indicated that cost had not prohibited them.

Prescription Cost Prevented Getting or Taking Medication Regularly*
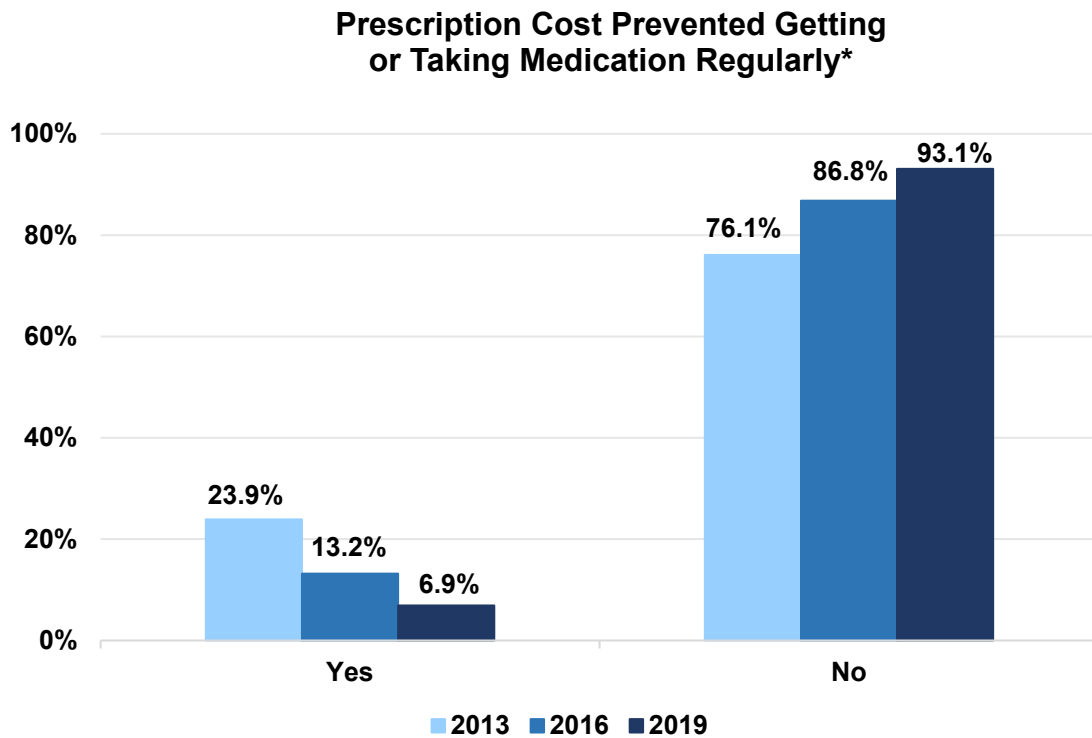
* Significantly fewer 2019 respondents indicated cost was a barrier to getting or taking their medications

Food Insecurity (Question 27)

2019 N= 127

Respondents were asked to indicate if during the last year they had worried that they would not have enough food to eat. Four percent of respondents (n= 5) indicated that they did worry about having enough food.

Worried About Food in the Past Year

3.9%

Yes No

96.1%
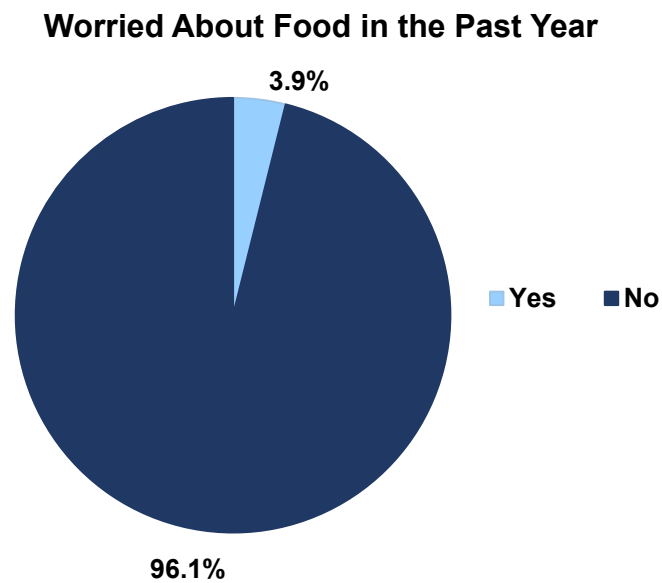
Injury Prevention Measures (Question 28)
2019 N= 132

Respondents were asked to indicate which, if any, injury prevention measures they engage in. Seventy-nine percent of respondents (n=104) indicated they use a seat belt. Fifty percent (n=66) reported they regularly exercise, and 22% (n=29) reported they use ear/hearing protection.

Measure	2019	
	Count	Percent
Seat belt	**104**	**78.8%**
Regular exercise	**66**	**50.0%**
Ear/hearing protection	**29**	**22.0%**
Designated driver	26	19.7%
Child car seat/booster	23	17.4%
Helmet	15	11.4%
None	13	9.8%

Insurance Coverage (Question 29)
2019 N= 127

Respondents were asked to indicate they have health insurance. Ninety-four percent (n=119) reported they did have health coverage, while 6.3% (n=8) respondents did not.

Health Insurance

6.3%

93.7%

- Yes
- No
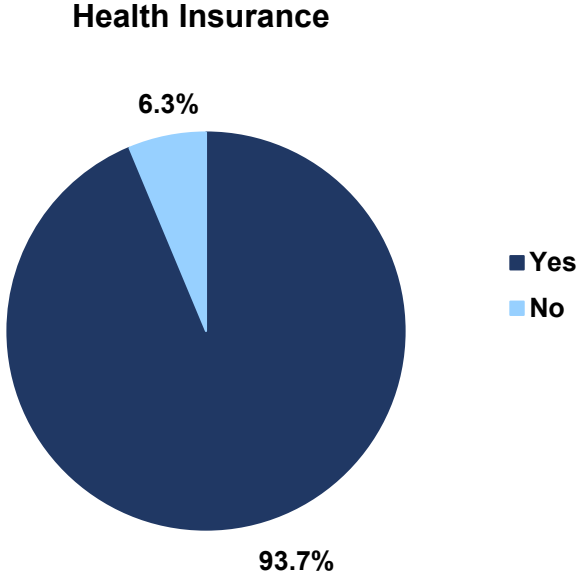
Medical Insurance Type (Question 30)
2019 N= 121
2016 N= 186
2013 N= 180

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-eight percent (n=46) indicated they have "Employer sponsored" coverage. Twenty-eight percent (n=34) indicated they have "Medicare", and "Other" was selected by 19% of respondents (n=23).

Insurance Type	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Employer sponsored*	**66**	**37.6%**	**84**	**45.2%**	**46**	**38.0%**
Medicare	**52**	**28.9%**	**49**	**26.3%**	**34**	**28.1%**
Health Insurance Marketplace	Not asked - 2013		8	4.3%	5	4.1%
Private insurance/private plan*	**27**	**15.0%**	**22**	**11.8%**	4	3.3%
Medicaid	0	0	3	1.6%	3	2.5%
Health Savings Account	1	0.6%	1	0.5%	2	1.7%
VA/Military	11	6.1%	3	1.6%	2	1.7%
Healthy MT Kids	4	2.2%	3	1.6%	1	0.8%
None/Pay out of pocket	10	5.6%	8	4.3%	1	0.8%
Indian Health	1	0.6%	0	0	0	0.0%
Other*	8	4.5%	5	2.7%	**23**	**19.0%**
TOTAL	180	100%	186	100%	121	100%

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

"Other" comments:
- Supplement, Medicare
- Employer Sponsored, Healthy MT Kids
- Medicare, VA/military
- Employer sponsored, Medicare (4)
- Employer sponsored, Healthy MT Kids
- Employer sponsored, Medicaid

Insurance and Healthcare Costs (Question 31)
2019 N= 119
2016 N= 210
2013 N= 199

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Fifty-one percent of respondents (n=61) indicated they felt their insurance covers a "Good" amount of their healthcare costs. Thirty percent of respondents (n=36) indicated they felt their insurance was "Excellent", and 16% of respondents (n=19) indicated they felt their insurance was "Fair."

How Well Insurance Covers Healthcare Costs

Category	2013	2016	2019
Excellent	28.1%	26.2%	30.3%
Good	38.2%	47.1%	51.3%
Fair	24.1%	20.5%	16%
Poor	9.6%	6.2%	2.4%
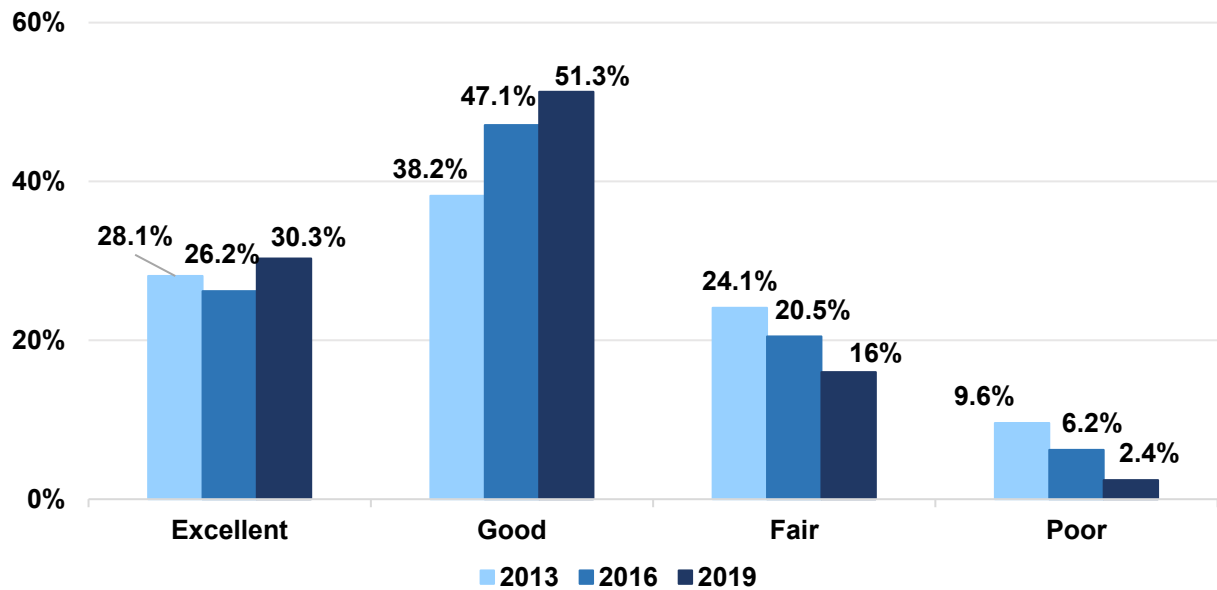
Barriers to Having Health Insurance (Question 32)
2019 N= 8

The top reasons selected for not having insurance were "Cannot afford to pay for medical insurance," and "Employer does not offer insurance." Respondents could select all that apply, so percentages do not equal 100%.

Reason	2019	
	Count	**Percent**
Cannot afford to pay for insurance	**7**	**87.5%**
Employer does not offer insurance	**3**	**37.5%**
Choose not to have medical insurance	1	12.5%
Other	0	0.0%

Awareness of Health Cost Assistance Programs (Question 33)
2019 N= 110
2016 N= 195
2013 N= 195

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-one percent of respondents (n=45) indicated they were aware of these types of programs but did not qualify to utilize them. Twenty-seven percent (n=30) indicated that they were not aware of these programs, and 12.7% of respondents (n=14 each) indicated they are aware of the programs and utilize them or they were unsure.

Awareness of Health Cost Assistance Programs*
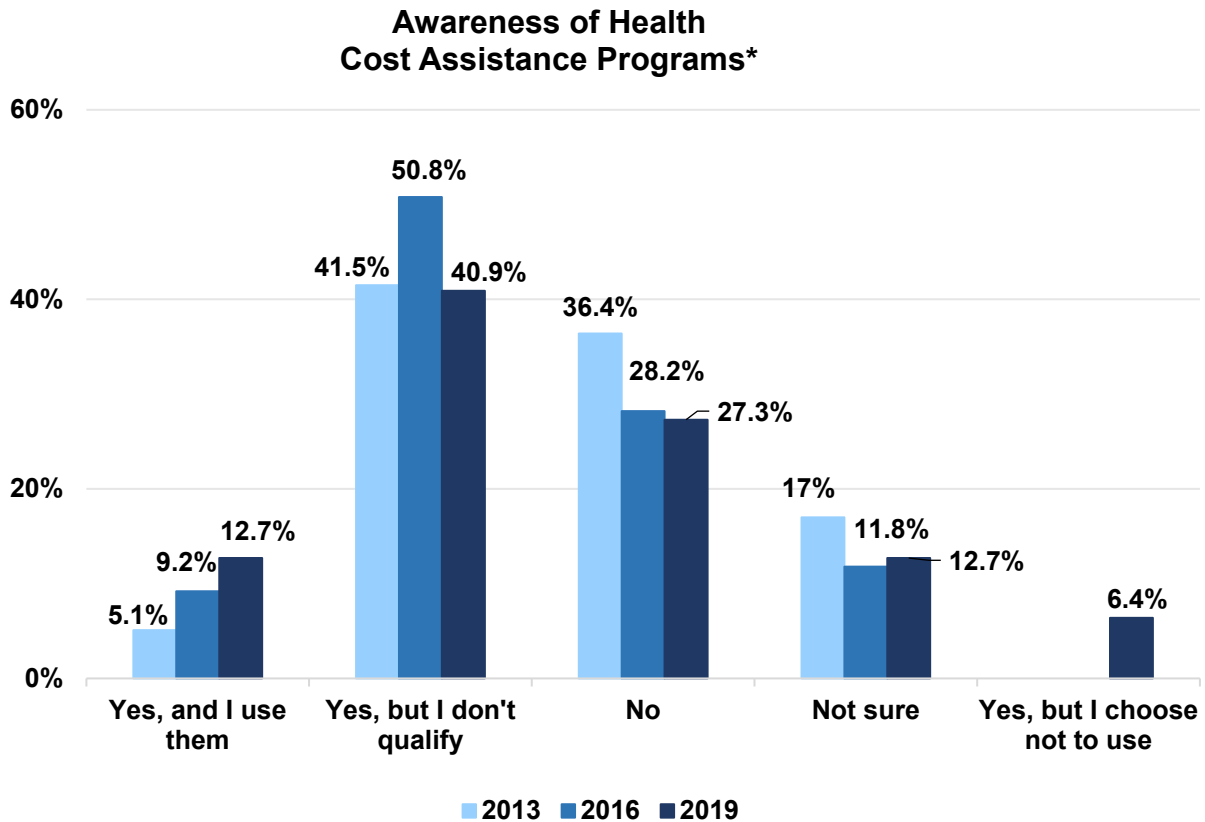
*Significance cannot be determined because 'Yes, but I choose not to use' was not asked in 2013/2016.

VI. Key Informant Interview Methodology

Nine key informant interviews were conducted in April and May of 2019. Participants were identified as people living in Glendive Medical Center's service area.

The interviews were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. Interviews lasted up to 15 minutes in length and followed the same line of questioning. Key informant interview questions can be found in Appendix G. Each interview was conducted by the Montana Office of Rural Health.

VII. Key Informant Interview Themes

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

Mental Health	• Mental health and suicide were significant concerns in all interviews. - "People aren't receiving enough mental health services to deal with addiction or mental health problems, or general life situations that come up." • "I think there's an opportunity for more services for mental health. There is a lot of need- just not many resources. You never hear anything about what's available." • Another participant noted, "We get a program/service started and going (staffed, trained) and then people move away. It has been a huge struggle to remain staffed, and it's a needed service."
Access to Healthcare	• Many utilize the facility for primary care, but indicated they need to travel elsewhere for most other services. • Lack of follow up within the hospital was mentioned by several participants. • When accessing primary care services, interviewees noted a lack of continuity. Many expressed frustrations with provider turnover.
Program Coordination	• Collaboration amongst existing programs in Glendive was discussed- "One of the biggest tragedies in Glendive is how many community groups we have, but not enough coordination. Here there is so much desire to assist those in need, but it would helpful to work together- have a bigger, more meaningful impact." • One participant cited increased collaboration between the hospital and the schools as a potential path to providing better resources to adolescents.

Nutrition	• Many participants mentioned the need for more options and support for healthy eating. • "We don't have many options for healthy foods and fresh produce except during the Farmer's market season. Throughout the rest of the year, everything is shipped and not as healthy."
Alcohol Use	• Substance abuse, particularly alcohol use, was mentioned frequently. Many community members mentioned that most events are "centered around drinking." • Increased addiction counselors and resources were mentioned as ways to better address alcohol abuse.
Services Needed in the Community	• Mental health counselors and professionals. • Addiction resources and counseling. • Better retention of physicians and other healthcare providers. • Access to specialty services. • Access to eye care services. • Nutrition education. • Financial/budgeting education. • Increased collaboration between community services/resources. • Community wellness center. • Childcare services. • Transportation.

VIII. Executive Summary

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

Areas of Opportunity Identified Through Assessment	Secondary Data	Survey	Key Informant Interviews
Access to Healthcare Services			
• **Primary care services**		x	x
o Continuity of care			x
o Provider turnover/workforce			x
• Financial/budgeting education		x	x
• **Specialty services**		x	x
• **Awareness of services**		x	x
• Coordination of community resources and services			x
Wellness and Prevention			
• **Overweight & Obesity**	x	x	x
o **Higher rates of reported physical inactivity**	x		x
o Higher rates of overweight/obese children	x		
o Access to healthy foods/healthy diets			x
• **Desire for increased health and wellness education/outreach**		x	x
Behavioral Health			
• **Mental health services/resources**		x	x
• **Alcohol abuse/substance abuse**	x	x	x
Health Measures			
• Chronic Conditions			
o Rates of 2+ chronic conditions highest in MT frontier communities	x		
o **Cancer**	x	x	
■ Prostate, breast, lung & bronchus			
• Women's health			
o Higher teen birth rate	x		
o Higher rate of babies born >37 weeks	x		
• Mortality			
o **Suicide deaths**	x		x
o Higher unintentional injury death rate	x		
• Communicable disease			
o Higher pertussis rate	x		

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

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

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

- Mental and behavioral health
- Healthy lifestyles
- Access to healthcare services

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

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

Resources

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

- A.W.A.R.E., Inc.
- Al-Anon & Alcoholics Anonymous (AA)
- Alzheimer Support Groups
- Billings Clinic
- Boys & Girls Club of Richland County
- Boys & Girls Club of Dawson County
- Cancer: I Can Cope
- The Cancer Outreach Center & American Cancer Society
- Cardiac/Pulmonary Rehabilitation
- Commodity Supplemental Food program
- Community Home Oxygen
- Dawson Co Extension
- Dawson Co Health Department
- Dawson Co Healthy Communities Coalition
- Dawson Co Housing Authority
- District II Alcohol & Drug
- Domestic Violence
- Eastern MT Community Mental Health Center
- Family Planning
- Glendive Chamber of Commerce & Agriculture
- Glendive Lions Club
- Glendive Public Schools
- Glendive Recreation Department
- Job Service
- Kiwanis
- Montana Area Health Education Center
- The Nurturing Tree
- Richard Hadden's book "Contented Cows Give Better Milk: The plain truth about employee relations and your bottom line"
- Rotary Club of Glendive
- Salvation Army
- Senior Citizens Center
- Watch East
- Youth Dynamics

X. Evaluation of Activity Impacts from Previous CHNA

Glendive Medical Center (GMC) provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The GMC Board of Directors approved its previous implementation plan on August 25, 2016. The plan prioritized the following health needs:

- Access to Healthcare Services
- Outreach and Education
- Behavioral Health

The following tables include completed activities, accomplishments and impacts/outcomes within the facility's proposed goals. To view GMC's full Implementation Plan visit: http://www.gmc.org/docs/GMC_Implementation_Plan_Report_2016.pdf

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

Strategy	Activities	Accomplishments	Community Impact/Outcomes
1.1 Explore development of an Urgent Care Clinic	Investigate staffing model	Complete	Added new jobs
	Conduct assessment to determine best location and space needs	Urgent Care was added to lower level of Gabert Clinic	Location is easily accessible with direct access to parking lot
	Conduct a feasibility study to assess funding needs or other potential barriers	GMC determined funding needs and barriers of an Urgent Care Clinic.	Increased access to healthcare services
1.2 Improve access to specialty services	Explore possibility of expansion of specialty services through telemedicine	Increased access to specialty care	Able to keep patients closer to home
	Assess current specialty services utilization (demand for services)	Still able to offer current services	
	Determine feasibility of providing ENT, Pediatric, and Sleep Study services at GMC	Added ENT services/local surgeries	Offering another service/access to care

Goal 1 continued on next page...

Strategy	Activities	Accomplishments	Community Impact/Outcomes
1.3. Improve access to transportation services in Dawson County through strategic partnership with community organizations	Partner with Dawson County Healthy Community Coalition's Building Active Glendive (BAG) subcommittee	Implementing walking paths/coordinate GMC events with paths	Strong relationship between GMC and BAG/encouraging patients and staff to use designated paths for wellness
	Support implementation of community "Wayfaring Signs"	Wayfaring signs are installed	Encouraging public to walk instead of drive to locations around town
	Partner with Dawson County Public Health Department and other community organizations to provide comprehensive community outreach on utilization of Wayfaring Signs	Marketing/Advertising was done to explain signs	First annual Porchfest event to be held on May 23, 2019 to promote signs and encourage activity on designated paths.
	Convene community group to explore feasibility of expanding Glendive's Urban Transit availability/hours	Group convened – feasibility determined	Hours are Monday-Friday 7:30am-5:00pm
1.4 Decrease barriers to accessing health care services due to cost	Conduct community outreach to educate community on GMC's new Billing and Registration process	Held financial education classes for 4 weeks in a row for public	Those that attended felt more knowledgeable. Can be advocates for GMC
	Determine best opportunities to distribute new marketing materials on patient resources	On website	
	Convene community partner workgroup to better understand what community resources are available regarding access to insurance coverage	Incomplete	
	Partner with local bank to provide Patient Loan program	More flexible for patients	Complete. Program available through American Bank Center.
	Develop marketing information to provide patients regarding Patient Loan program	On website Brochures available	Financial Assistance information available in several locations.

Goal 2: Improve access to behavioral health services in Dawson County.

Strategy	Activities	Accomplishments	Community Impact/Outcomes
2.1 Explore re-opening GMC Behavioral Health Unit	Investigate staffing model	Created new jobs	
	Conduct assessment to determine best location and space needs	Brand new location	

	Conduct feasibility study to assess funding needs and other potential barriers	Received grant funds for construction	
2.2 Improve access to mental health services though telehealth	Develop marketing information to educate community on availability of current mental telehealth services	Press Release News media coverage	
	Explore expanding telemedicine availability for inpatient services	In progress	
2.3 Enhance behavioral health services for victims of sexual assault	Develop referral process protocol for victims of sexual assault		
	Integrate behavioral health protocol into SANE process (Sexual Assault Nursing Exam)		
2.4 Explore the expansion of services of a SANE Room at GMC	Convene community partner workgroup (law enforcement, Dawson County Attorney's Office, SART team, Dawson County Public Health) to discuss expansion of SANE Room to include pediatric exams	1 Nurse Examiner is certified; Room was redone with new furniture & interview equipment	
	Assess location and space needs	Location is in place	
	Conduct a feasibility study to assess funding needs and other potential barriers		
2.5 Expand prevention and educational offerings in schools regarding behavioral and mental health	Meet with local school partners to determine opportunities for providing behavioral and mental health education for community youth		
	Develop prevention and educational outreach related to: suicide, sexual assault, and drug and alcohol abuse	Behavioral Health providers participated in community forums with schools.	
	Explore opportunity for providing counselling services for local schools	In progress	

Goal 3 next page…

Goal 3: Increase community awareness of health resources in Dawson County.

Strategy	Activities	Accomplishments	Community Impact/Outcomes
3.1 Increase community awareness of available educational programs and classes	Develop resource list of available classes and programs	To be added to new GMC website by 7/1/2019.	
	Develop marketing strategy to promote available offerings for community and GMC staff	Educational classes will be added to new GMC website. Advertising for classes through local and social media is ongoing.	
	Continue current classes and programs that enhance community health and wellness (Healthy Lifestyles, Diabetic education, cooking class, Brown Bag Luncheon, Stepping On, etc.)	Ongoing	
	Review current GMC marketing strategy	More engagement with public	
	Explore expansion of marketing and outreach efforts such as 'Promoted Facebook' or utilization of other social media outlets (Twitter, Instagram)	Increase of 600% engagement on GMC Facebook page	Positive relationships formed with public
	Research opportunities for outreach for Seniors in the community ('Let's Talk About It', 'Community Happens')	RampUp - Alzheimer's Support Group	More caregivers are becoming involved. Helping identify gaps and filling.
	Partner on Community Calendar to highlight health and wellness initiatives	Utilizing Chamber, Newspaper, Facebook, Radio calendars	More awareness in public - good attendance.
3.2 Continue partnership with Dawson County Health Community Coalition.	Determine GMC representative to participate on Building Active Glendive sub-committee	Marketing Director is chairperson for DCHCC and involved with BAG	Making connections between GMC services and community

Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Parker Powell, CEO	Glendive Medical Center (GMC)
Jamie Shanks, Marketing Director	GMC, Dawson County Healthy Communities Coalition Chairperson
Danica Vaira, Administrative Assistant	GMC
Sam Hubbard, VP of Operations	GMC
Bill Robinson, CFO	GMC
Joetta Pearcy, Director	Glendive Job Service Employer Committee (JSEC) Chair
Kyla Samuelson	Public Arts
Jill Domek	ACTION for Eastern Montana, Dawson County Public Health Board

Appendix B – Public Health and Populations Consultation

1. **Public Health**
   a. Name/Organization
      Jill Domek, ACTION and Dawson County Public Health Board
      Parker Powell, CEO, GMC
      Jaime Shanks, Marketing Director, GMC and Dawson County Healthy Communities Coalition Chairperson

   b. Date of Consultation
      First Steering Committee Meeting: 02/19/2019

   c. Input and Recommendations from Consultation
      - When you look at the population age distribution, I was surprised to see that we have a larger below five population and a lower number of seniors than the state.
      - In educational attainment too, we are pretty average.
      - When referring to e-cigarettes, we hear the community using vaping and e-cigarettes equally.
      - I wonder if we should add something about beatification to the question about what would improve our community. You know like cleaning up the weeds and garbage- a well-kept environment.
      - We have diabetic education in town, so I am not sure if we need to include it in the list of desired services or classes.
        - Although I suppose if we leave it then we would know that we need to do a better job of getting the information out to the community.

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

   Population: Low-Income, Underinsured
   a. Name/Organization
      Jill Domek, ACTION and Dawson County Public Health Board
      Parker Powell, CEO, GMC
      Lacy McCollough, Transitional Housing – Dawson Co. Domestic Violence
      Amy Deines, Glendive Job Services Center

   b. Date of Consultation
      First Steering Committee Meeting: 02/19/2019
      Key Informant Interview: 05/03/2019

c. Input and Recommendations from Consultation
- Uninsured adults' number is still really high- I wonder if this has a big impact on the community
  - Yes, this has a really big impact on the facility.
- People don't really know what's available locally. I think we could do a better job in our community getting the word out and promoting what's available.
- Our community is a rural and isolated area. We do have limited resources here and so sometimes that does make it difficult to access services.
- Our community would benefit from financial planning or budget management education.
- We currently have a mental health crisis room, but our area would benefit from a facility for people who have a longer-term need. Long-term stay rather than just short term (crisis).
- It seems like there is a growing transient and homeless population in the community. At least we've noticed this trend. This group will have different needs and it's good that the community works together to look at these issues.
- Transportation, we have the Urban transport, but I think it could be made better. It could be more friendly to those who need it (hours, it can be cost prohibitive).
- Getting healthcare in general- people may not feel comfortable accessing care. How to get services or talking to doctors.

Population: Seniors
a. Name/Organization
   Jim Squires, Retired Farmer; Preacher; Ministerial Association
   Amy Deines, Glendive Job Services Center

b. Date of Consultation
   Key Informant Interview: 04/29/2019 & 05/03/2019

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

d. Input and Recommendations from Consultation
- Developing confidence in the hospital has been a barrier for people seeking care. In the past there has been some hard feelings towards the facility and it's taking time to resolve. I think this is paramount. There are people who would rather go somewhere else than use locally because of the past; they have lost confidence in our facility.
- It was worse before, but I feel it has improved. The facility is doing so much more to reach out and be engaged with the community. PR [Public Relations] is so important and the people who are there now seem to be really working hard at it.
- Housing, we could use help. Elderly, low-income housing. We had some but it had to be torn down, I hope it will be revisited because it's certainly a need.

Population: Youth

a. Name/Organization
    Amy Deines, Glendive Job Services Center

b. Date of Consultation
    Key Informant Interview: 05/03/2019

c. Input and Recommendations from Consultation
    -   We would benefit from mental health services- youth to adults.
    -   Childcare is a huge need.
    -   What's scariest around here is that the schools do not have what they need. Counseling, mental health.

Appendix C – Secondary Data

Dawson County
Secondary Data Analysis

Office of Rural Health
Area Health Education Center
MONTANA STATE UNIVERSITY

Demographic Measure (%)		County			Montana			Nation		
Population[1]		8,996			1,032,949			308,745,538		
Population Density[1]		3.8			6.8			87.4		
Veteran Status[1]		7.6%			10.6%			7.7%		
Disability Status[1]		16.6%			16.6%			15.3%		
Age[1]		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		6.4%	61.5%	16.8%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender[1]		Male	Female		Male	Female		Male	Female	
		51.3%	48.7%		50.3%	49.7%		49.2%	50.8%	
Race/Ethnic Distribution [1]	White	95.1%			89.2%			77.1%		
	American Indian or Alaska Native	2.1%			6.6%			1.2%		
	Other †	3.5%			5.1%			36.7%		

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

Highest Degree Attained
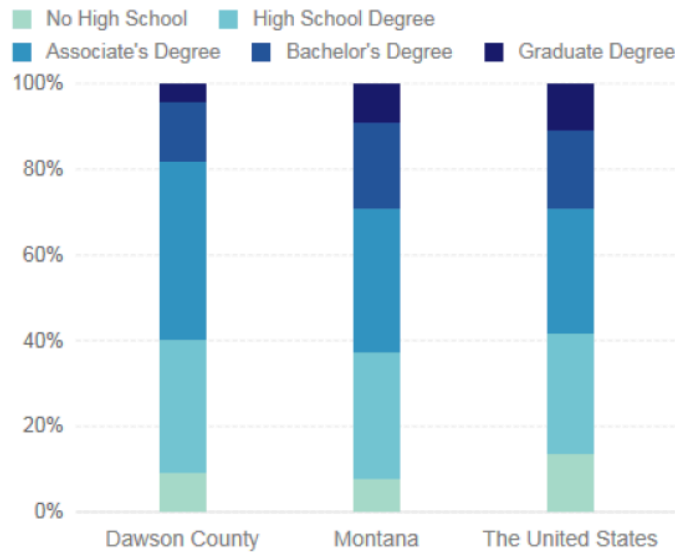
Dawson County

No High School	9.31%
High School Degree	30.99%
Associate's Degree	41.42%
Bachelor's Degree	14.04%
Graduate Degree	4.24%

Montana

No High School	7.56%
High School Degree	29.80%
Associate's Degree	33.57%
Bachelor's Degree	19.85%
Graduate Degree	9.22%

The United States

No High School	13.67%
High School Degree	27.95%
Associate's Degree	29.09%
Bachelor's Degree	18.27%
Graduate Degree	11.01%

2 National Center for Education Statistics

Office of Rural Health
Area Health Education Center

Socioeconomic Measures (%)	County	Montana	Nation
Median Income[1]	$59,622	$50,801	$57,652
Unemployment Rate[1]	1.1%	4.8%	6.6%
Persons Below Poverty Level[1]	12.3%	14.4%	14.6%
Uninsured Adults (Age <65)[3,4]	9%	12%	10.7%
Uninsured Children (Age <18)[3,4]	4%	5%	5%
Children in Poverty[1]	23.2%	23.3%	20.3%
Enrolled in Medicaid[5,6]	5.3%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch[7] Pre-k through 12th grade	319	62,951	-
SNAP Participants[7] All ages, FY 2015	566	118,704	-

[1] US Census Bureau (2015), [3] County Health Ranking, Robert Wood Johnson Foundation (2018), [4] Center for Disease Control and Prevention (CDC), Health Insurance (2014), [5] MT-DPHHS Medicaid Expansion Dashboard (2018), [6] Medicaid.gov (2018), [7] Montana Kids Count (2016)

Maternal Child Health	County	Montana
Births[8] Between 2011-2013	313	35,881
Born less than 37 weeks[8]	9.3%	9.1%
Teen Birth Rate (females age 15-19)[8] Per 1,000 years 2009-2013	36.2	32.0
Smoking during pregnancy[8]	16.1%	16.3%
Receiving WIC[8]	30.2%	34.6%
Children (2-5 years of age) overweight or obese[8]	36.8%	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage*[9]	66.7%	63.6%

[8] County Health Profiles, DPPHS (2015), [9] MT-DPHHS Clinic Immunization Results (2016-2017)
 * UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 HIB, 3 Hep B, 1 Var, 4 PCV by 24 – 35-month-old children.

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking[3]	16%	19%	14%
Excessive Drinking[3]	21%	21%	13%
Adult Obesity[3]	27%	25%	26%
Poor Mental Health Days (Past 30 days)[3]	3.1	3.5	3.1
Physical Inactivity[3]	24%	21%	20%
Drug Use Hospitalization Rate[10] Per 100,000 population	151.5	372.5	-
Mental Disorders Hospitalization Rate Per 100,000 population	112.5	241.3	-

[3] County Health Ranking, Robert Wood Johnson Foundation (2018), [10] IBIS Community Snapshot, MT-DPPHS

MONTANA STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

Unsafe Driving[11]	Montana	Nation
Do NOT wear seatbelts – Adults	28.8%	11.8%
Do NOT wear seatbelts – Students 9-12th grade	25.3%	9.5%
Drink and Drive – Adults	2.7%	1.9%
Text and Drive – Students 9-12th grade	54.6%	41.5%

[11] Montana State Health Assessment (2017)

Communicable Diseases (per 100,000 people)[8]	County	Montana
Chlamydia	241.7	366.2
Hepatitis C	50.5	123
Pertussis	101.0	44.6

[8] County Health Profiles, DPPHS (2015)

Chronic Conditions[10]	County	Montana
Stroke Hospitalization Rate Per 100,000 population	116.1	152
Diabetes Hospitalization Rate Per 100,000 population	809.0	1058.9
COPD Emergency Department Visit Rate Per 100,000 population	354.1	669.9
Acute Myocardial Infarction (MI) Hospitalization Rate Per 100,000 population	99.5	118.1

[10] IBIS Community Snapshot, MT- DPPHS

Montana Adults with Self-Reported Chronic Condition[11]	
1. Arthritis	26.8%
2. Asthma	8.9%
3. Cancer (includes skin cancer)	7.9%
3. Diabetes	7.9%
4. COPD	5.7%
5. Cardiovascular disease	3.2%
6. Stroke	2.7%
7. Kidney disease	2.5%

[11] Montana State Health Assessment (2017)

Percent of Montana Adults with Two or More Chronic Conditions

All	38%
Frontier	41%
Micropolitan	36%
Small Metro	36%
Disability*	69%
No Disability	30%
Veteran*	53%
Non-Veteran	35%

Office of Rural Health
Area Health
Education Center
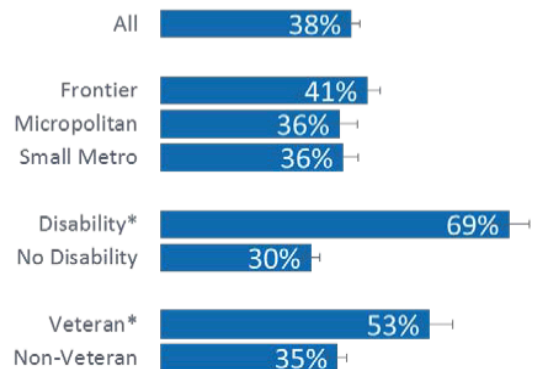
Cancer Prevalence	County	Montana	Nation
All Sites Cancer[10] *Per 100,000 population*	416.4	441.6	444

[10] IBIS Community Snapshot, MT- DPPHS

Age-Adjusted Cancer Incidence Rate by Cancer Site, Montana, 2011--2013
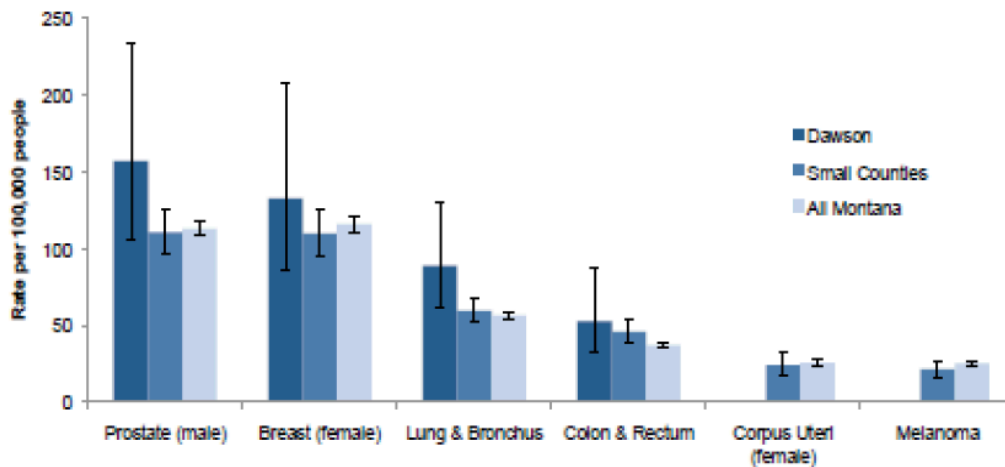
[8] County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate[12] *Per 100,000 population*	N/A	22.5	13.9
Leading Causes of Death[13, 14]	N/A	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. Unintentional injuries
Unintentional Injury Death Rate[15] *Per 100,000 population*	45.7	41.3	41.3
Diabetes Mellitus [13, 16] *Per 100,000 population*	N/A	21.3	21.5
Alzheimer's Disease[13, 17] *Per 100,000 population*	N/A	20.9	37.3
Pneumonia/Influenza Mortality[13, 18] *Per 100,000 population*	N/A	13.5	14.3

[12] Suicide in Montana, MT-DPHHS (2018), [13] IBIS Mortality Query, MT- DPPHS, [14] Center for Disease Control and Prevention (CDC), National Vital Statistics (2014), [15] Preventable Deaths in Montana (2015), [16] Kaiser State Health Facts, National Diabetes Death Rate (2016), [17] Statista (2017), [18] Kaiser State Health Facts, National Pneumonia Death Rate (2017)
Chronic Lower Respiratory Disease

Appendix D – Survey Cover Letter

Glendive Medical Center

202 Prospect Drive • Glendive, Montana 59330-1999 • (406) 345-3302 • FAX: (406) 345-3378

March 29, 2019

Dear [CODED] household:

<div align="center">

Participate in our Community Health Needs Assessment survey for a chance to
WIN one of five (5) $50 Chamber Bucks!

</div>

Glendive Medical Center (GMC) 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 GMC 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 3, 2019
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at **http://helpslab.montana.edu/survey.html.** Select "Glendive Medical Center Survey." Your access code is [CODED]
4. The winners of the $50 Chamber Bucks will be contacted the week of May 6th.

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 Natalie Claiborne at 406-994-6001. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

Parker Powell, CEO

Appendix E – Survey Instrument

Community Health Services Development Survey
Glendive, 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 406-994-6001. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

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

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

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

☐ Alcohol abuse/substance abuse
☐ Alzheimer's/dementia
☐ Cancer
☐ Child abuse/neglect
☐ Depression/anxiety
☐ Diabetes
☐ Domestic violence
☐ Heart disease

☐ Hunger
☐ Lack of access to healthcare
☐ Lack of dental care
☐ Lack of exercise
☐ Mental health issues
☐ Motor vehicle accidents
☐ Overweight/obesity
☐ Recreation related accidents/injuries

☐ Social isolation/loneliness
☐ Stroke
☐ Suicide
☐ Tobacco use (cigarettes, vaping/e-cigarettes, smokeless)
☐ Work related accidents/injuries
☐ Other: _____

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

☐ Access to childcare/after school programs
☐ Access to healthcare and other services
☐ Adequate, affordable housing
☐ Arts and cultural events
☐ Clean/appealing environment
☐ Community involvement

☐ Emergency services (police, fire, EMS)
☐ Good jobs and a healthy economy
☐ Good schools
☐ Healthy behaviors and lifestyles
☐ Immunized children
☐ Low crime/safe neighborhoods
☐ Low death and disease rates

☐ Low level of domestic violence
☐ Parks and recreation
☐ Religious or spiritual values
☐ Strong family life
☐ Tolerance for diversity
☐ Transportation services
☐ Walking/biking paths
☐ Other: _____

4. How do you rate your knowledge of the health services that are available in Dawson County?

☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor

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

☐ Billboards
☐ Community bulletin boards
☐ Dawson County Health Department
☐ Friends/family
☐ Healthcare provider

☐ Mailings/newsletter
☐ Presentations
☐ Radio (KXGN, KGLE, KDZN)
☐ Ranger Review
☐ Social media/Facebook

☐ Television
☐ Website/internet
☐ Word of mouth/reputation
☐ Other: _____

Turn to BACK of page to continue   1

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

- ☐ Alternative medicine (ex. Chiropractor)
- ☐ Dawson County Health Department
- ☐ Dentist
- ☐ Fitness center
- ☐ Food bank

- ☐ Home care services
- ☐ Massage therapy
- ☐ Meals on Wheels
- ☐ Medical marijuana dispensary
- ☐ Mental Health Center
- ☐ Optometrist

- ☐ Pharmacy
- ☐ Physical therapy services
- ☐ Senior Center
- ☐ Substance abuse services
- ☐ Other: _____

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

- ☐ Cultural sensitivity
- ☐ Greater health education services
- ☐ Improved quality of care
- ☐ Interpreter services
- ☐ More information about available services

- ☐ More primary care providers
- ☐ More specialists
- ☐ Outpatient services expanded hours
- ☐ Telemedicine
- ☐ Transportation assistance
- ☐ 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**)

- ☐ Alcohol/substance abuse
- ☐ Alzheimer's
- ☐ Cancer
- ☐ Diabetes
- ☐ First aid/CPR
- ☐ Fitness
- ☐ Grief counseling

- ☐ Health and wellness
- ☐ Heart health
- ☐ Living will
- ☐ Men's health
- ☐ Mental health
- ☐ Nutrition
- ☐ Parenting

- ☐ Prenatal
- ☐ Senior wellness
- ☐ Smoking/tobacco cessation
- ☐ Support groups
- ☐ Weight loss
- ☐ Women's health
- ☐ Other: _____

9. Which of the following preventative services have you used in the past year? (**Select ALL that apply**)

- ☐ Adult immunizations
- ☐ Child immunizations
- ☐ Children's checkup/Well baby
- ☐ Cholesterol check
- ☐ Colonoscopy
- ☐ Community blood draw

- ☐ Dental exam
- ☐ Flu shot
- ☐ Health education class
- ☐ Hearing check
- ☐ Mammography
- ☐ Mental health counseling

- ☐ Pap smear
- ☐ Prostate (PSA)
- ☐ Routine blood pressure check
- ☐ Routine health checkup
- ☐ Vision check
- ☐ None
- ☐ Other: _____

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

- ☐ Adult daycare
- ☐ Adult transitional housing
- ☐ Audiology
- ☐ Blood thinner clinic
- ☐ Cancer care
- ☐ Cardiology

- ☐ Dermatology
- ☐ Diabetic education
- ☐ Doctor on Demand (web-based)
- ☐ ENT (ear/nose/throat)
- ☐ Independent housing

- ☐ Mental/behavioral health/counseling
- ☐ Nutritional services
- ☐ Prenatal/lactation services
- ☐ Sleep center
- ☐ Wellness center
- ☐ Other: _____

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

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

2

71

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**)

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

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

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

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

☐ Glendive	☐ Dickinson, ND	☐ Wibaux
☐ Sidney	☐ Beach, ND	☐ VA
☐ Billings	☐ Miles City	☐ Other: _____

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

☐ Appointment availability	☐ Prior experience with clinic
☐ Clinic/provider's reputation for quality	☐ Recommended by family or friends
☐ Closest to home	☐ Referred by physician or other provider
☐ Cost of care	☐ Required by insurance plan
☐ Indian Health Services	☐ VA/Military requirement
☐ Length of waiting room time	☐ 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, which hospital does your household use MOST for hospital care? (**Select ONLY 1**)

☐ Glendive Medical Center	☐ Dickinson, ND hospital
☐ Billings Clinic- Billings	☐ St. Vincent's - Billings
☐ Holy Rosary- Miles City	☐ Other: _____
☐ Sidney Health Center- Sidney	

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

☐ Closest to home	☐ Hospital's reputation for quality	☐ Required by insurance plan
☐ Closest to work	☐ Prior experience with hospital	☐ VA/Military requirement
☐ Cost of care	☐ Recommended by family or friends	☐ Other: _____
☐ Emergency, no choice	☐ Referred by physician or other provider	
☐ 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)**

☐ Glendive Medical Center	☐ Sidney Health Center- Sidney	☐ VA
☐ Billings Clinic- Billings	☐ Dickinson, ND hospital	☐ Other: _____
☐ Holy Rosary- Miles City	☐ St. Vincent's – Billings	

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

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

23. The following services are available at Glendive Medical 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
Behavioral Health	4	3	2	1	N/A	DK
Cancer Outreach Center (chemo)	4	3	2	1	N/A	DK
Clinic services (family practice, pediatric, internal medicine)	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Extended Care/nursing home	4	3	2	1	N/A	DK
Home health/hospice	4	3	2	1	N/A	DK
In-patient services/hospital stay	4	3	2	1	N/A	DK
Labor and delivery	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
OB/GYN	4	3	2	1	N/A	DK
Rehabilitation services (physical, occupational, cardiac, speech)	4	3	2	1	N/A	DK
Surgical services	4	3	2	1	N/A	DK
Urgent care	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

4

25. 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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Child car seat/booster ☐ Regular exercise
☐ Designated driver ☐ Seat belt
☐ Ear/hearing protection ☐ None
☐ Helmet

29. Do you have health insurance?

☐ Yes ☐ No **(If no, skip to question 32)**

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

☐ Employer sponsored ☐ Indian Health ☐ VA/military
☐ Health Insurance Marketplace ☐ Medicaid ☐ None/pay out of pocket
☐ Health Savings Account ☐ Medicare ☐ Other: _____
☐ Healthy MT Kids ☐ Private insurance/private plan

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

☐ Can't afford to pay for medical insurance ☐ Choose not to have medical insurance
☐ Employer does not offer insurance ☐ Other: _____

33. 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.

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

☐ 59330 Glendive ☐ 59349 Terry ☐ 59270 Sidney
☐ 59315 Bloomfield ☐ 58621 Beach, ND ☐ 59326 Fallon
☐ 59353 Wibaux ☐ 59339 Lindsay ☐ Other: _____
☐ 59215 Circle ☐ 59259 Richey
☐ 59262 Savage ☐ 59313 Baker

35. What is your gender?

☐ Male ☐ Female ☐ Other

5

36. What age range represents you?

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

37. What is your employment status?

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

57717
Please return in the postage-paid envelope enclosed with this survey or mail to:

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

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

Appendix F – Responses to Other and Comments

2. In the following list, what do you think are the three most serious health concerns in our community?
- Cancer, mental health issues, negative authority figures

3. Select 3 items that you believe are the most important for a healthy community
- Young children learn work ethics

5. How do you learn about the health services available in our community?
- I work in healthcare
- Work (2)
- My Doc
- Experience
- Past employee at GMC

6. Which community health resources, other than the hospital or clinic, have you used in the last three years?
- Health Fair
- Cardio rehab
- Optometrist
- Functional medicine

7. In your opinion, what would improve our community's access to healthcare?
- Care providers to stay
- Better billing system
- The billing at the hospital sucks. If a private business ran the way do, they would be out of business
- Doctors staying longer than 2 years; less mid-levels + more MD's
- Options for payment plans. Made full-upfront payment for services, got 6 bills after a Dr. visit or hospital visit; thought I paid in full then found out it wasn't the case.
- Improving the billing system + how employees communicate with people
- Doctors staying
- Lower costs
- Better, expanded mental health
- Smiles
- New hospital board
- Have no Idea
- Confidentiality
- Cheaper hospital rates
- 1 more eye Dr.

8. If any of the following classes/programs were made available to the community, which would you be most interested in attending?
- How your billing system works
- Physical activity program- club soccer, dodgeball tourney?
- Internet awareness for parents. Help us keep up with snapchat/Facebook Instagram etc. sites that can be harmful for kids
- Functional medicine

9. Which of the following preventative services have you used in the past year?
- Eye Surgery
- STATE Health fair
- Functional medicine
- Blood work - ER visit
- Pregnancy check-ups

10. What additional healthcare services would you use if available locally?
- Specialists
- Pain management
- Functional medicine
- Bone & joint
- Dental care

13. If yes, what were the three most important reasons why you did not receive healthcare services?
- No provider
- Inadequate providers and healthcare
- I tried taking classes for Pre-diabetics, but I didn't qualify
- Billing from GMC
- Eventually felt better
- Doctors don't stay in Glendive
- GMC triples cost of services & doesn't send bill before sending you to collections
- Need better outpatient PA-C

15. Where was that primary healthcare provider located?
- Sadly, Denver, CO
- Billings, Bismarck
- ND
- Circle (3)
- Glendive, Circle, Bismarck ND
- Bismarck, Glendive, Dickinson, Beach, Wibaux

16. Why did you select the primary care provider you are currently seeing?
- Available provider
- Quality of service
- Privacy/confidentiality
- Have known for 35 years since she was a nurse in Baker
- Been seeing her for years
- #1 provider/retired, #2 provider/moved, #3 provider temp. fill in
- No longer use provider
- Can understand bills
- Like her
- Dr. Potter is AMAZING!

18. Which hospital does your household use MOST for hospital care?
- Littleton Hospital, Denver, CO
- Yellowstone Surgery Center, Billings, MT
- Ortho MT
- Desert Regional Palm Springs, City
- St. Alexius in Bismarck ND
- ND
- Glendive Medical Center, Bismarck
- The cheapest

19. Thinking about the hospital you were at most frequently, what were the three most important reasons for selecting that hospital?
- Was being treated for stem cell transplant
- Ability of PCP [primary care provider] to access my record
- Actually had regular doctor's, not traveling doctors
- Specialist in sinus surgery

21. Where was the healthcare specialist seen?
- Tele-med from Billings Clinic
- Spearfish, SD
- Denver, CO
- Ortho MT (3)
- St. Alexus, Bismarck N.D.
- Palm Springs California
- Glendive Medical Urgent Care
- Rapid City - Regional
- Bismarck (5)
- ND
- Functional medicine
- 1. Ear, Nose, Throat 2. Summit Dentistry 3. Ortho MT

22. What type of healthcare specialist was seen?
- Nephrology (2)
- Hematologist
- Urgent Care P.A.
- PA
- Internal med
- Eye clinic
- Stroke
- Herbologist
- Hormonal - Bio Tc
- Natural/Homeopath
- Blood clot specialist, CT Scans, Surgeon
- Pediatric urologist
- Reproductive Endocrinologist

37. What is your employment status?
- Retired, S.S.
- Not currently seeking employment, Homemaker
- Retired, Handicap
- Work full time, Retired, Social Sec
- Retired, collecting disability, Help my brother out some
- Self employed
- Stay at home parent

Additional Comments:
- Fix your billing department!! Receiving bills 2 or 3 years later is not acceptable! Also don't turn people into collections when you have people NOT doing their jobs!
- Have general practitioner handle you in hospital. Do not care for Hospitalists. Too many changes in method of treatment. If needed, use NP or PA on day duty in hospital.

Appendix G –Key Informant Interview Questions

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

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

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

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

Appendix H – Key Informant Interview Notes

<u>**Key Informant Interview #1**</u>
Tuesday, April 29, 2019- Jim Squires, *Retired Farmer; Preacher; Ministerial Association*–Via phone interview

1. How would you rate the general health of your community?
   - Physically, a community with the normal run of diseases (heart disease, kidney disease, etc.). I feel our community is a good representative of Eastern MT.
   - Spiritually, probably average. Perhaps a little better than Eastern MT in general.

2. What do you think are the most important local healthcare issues?
   - Developing confidence in the hospital. In the past there has been some hard feelings towards the facility and it's taking time to resolve. I think this is paramount.
   - There are people who would rather go somewhere else than use locally because of the past; they have lost confidence in our facility.
   - It was worse before, but I feel it has improved. The facility is doing so much more to reach out and be engaged with the community. PR [Public Relations] is so important and the people who are there now seem to be really working hard at it.
   - Cost of healthcare is horrific. Technology has brought challenges and benefits. How do you afford it and how do we staff it? It does help with access to services which are needed in our small rural communities.

3. What other healthcare services are needed in the community?
    - Right now, with the specialist that come in, I think most of the needs are being met.
    - I'm a 77-year-old man, and as such I need urology services. I had to wait 13 months to see a urologist for a procedure and that is just not acceptable.
    - The specialist come to Glendive and have been good when available. I felt good about the services I have received.
    - My wife had cancer and the various treatments. The attending physician was great.
    - Keeping the visiting specialty providers staffed is problematic.
    - They've [GMC] created the walk-in clinic and it has been a god send. When I used it last, the doctor was from way down in SE Montana and she was impressive. It's fantastic.

4. What would make your community a healthier place to live?
    - Mental health. We get a program/service started and going (staffed, trained) and then people move away. It has been a huge struggle to remain staffed, and it's a needed service.
    - I really like what Jamie Shanks has done with outreach. The Public Health Department and hospital have a lot of collaboration going on, bringing in speakers or other presentations. It's very positive and I'm so happy to see it.

Key Informant Interview #2
Wednesday, April 30, 2019- Anonymous–Via phone interview

1. How would you rate the general health of your community?
    - Honestly, I think it's so-so. Hit or miss. Sometimes it's pretty good.
    - My fiancé went to ER to get something checked and told her phlebotomist where it was best to draw from. The phlebotomist ignored her and ended up poking her multiple times, only to go to the location she was told and was able to have success. It was very frustrating.
    - We ended up being sent to Billings and was told our records would be sent along to them and available. We got there and Billings told us they didn't have anything. This was a huge waste of time, money and convenience.

2. What do you think are the most important local healthcare issues?
   - The care and communication need to be consistent. It is inconsistent now; in the ER especially.
   - What I heard from community members when I first moved here was, "This hospital sucks". When I'd ask why, some told me it was due to miscommunication, abrasive customer service (providers), or poor service.
   - However, in my experience there are some good people there. Again, it's just not consistent.
   - There was a doc a few years ago who was very welcoming, smiling, assuring (for clinic checkup). She was very informative, very caring. We need that in healthcare.

3. What other healthcare services are needed in the community?
   - It would be nice to have… well, demographics are hard here. We have a small population. It would be nice to have some specialists here. Do we have an MRI? Are we capable of supporting that here?
   - Education in the community is really needed. They need to promote the facility and services.

4. What would make your community a healthier place to live?
   - Healthier food options. We are in a small town and economically it can be hard to support/develop those things.
   - The cafeteria services at the hospital are good. It's a good deal and away from restaurants. I'd heard this from different people in town and people really support it.
   - People end up traveling for goods and services (not just healthcare) and we lose those dollars locally.
   - We had a great orthopedic surgeon but now they aren't there anymore. Not sure why. The community isn't always well informed as to why providers come and go. Makes the community question how things are being run or if there is a funding issue.

Key Informant Interview #3
April 30, 2019- Anonymous–Via phone interview

1. How would you rate the general health of your community?
   - I would say the community as a whole would be a 7 out of 10. We need better opportunities for healthy eating, healthier food choices.
   - Part of the community is very active, and there are those who are not. There are opportunities to do things and people don't necessarily take advantage of it.

2. What do you think are the most important local healthcare issues?
   - Access, of course. I know we have services- but consistency and knowing what's there.
   - People don't really know what's available. And don't necessarily look into it until it's an emergency- you need it fast and it's scary. We need to increase community knowledge of what's available.
   - Having staff and providers stay. We are a small community and only so much can be supported here (population and cost wise).
   - Cost of healthcare is very high here. There are no other options.
   - When we were determining what we were going to do for our care we wanted to stay local, but it was a hard decision because it was quite a lot of money (and we have insurance).
   - It seems like it's about 50/50 whether people stay local or not. When we moved here, we were told the nurses are amazing. There is the perception of quality not being as high as people would like (patients not getting attention they needed), or referral provider not always in agreement with what Glendive provider might have said.
   - Consistency. People are willing to travel because they know what they'll get.

3. What other healthcare services are needed in the community?
   - I know they're getting an OB- so that's good.
   - Education. I haven't seen a lot of diabetes awareness/education, for example. I can see a benefit to doing more outreach on those types of things. Raising community awareness of things that are going on in our community.
   - Knowledge of what to expect if you are diagnosed with diabetes, cancer, some other chronic disease. Would help folks know at least know what resources are available to you.

4. What would make your community a healthier place to live?
   - Housing- I think there's a need; the rental market… There's not much available.
   - I think there's an opportunity for more services for mental health. There is the need- just not many resources. You never hear anything about what's available.
   - Breastfeeding support. It would be great to have a La Leche league or something like that. There is a local group that gets together but you may not be able to go at that time or be encouraged to go with a little baby (flu season, etc.). That time with a newborn is so important to support mothers with breastfeeding. It would be nice to enhance those services.

Key Informant Interview #4
May 3, 2019- Lacy McCollough, Transitional Housing-Dawson Co. Domestic Violence–Via phone interview

1. How would you rate the general health of your community?
   - I think if I rated it on a scale from 1-10; I'd say a 6-7.
   - I feel like our community is trying to offer more things for physical health. That is something that a lot of people are finding value in. Emotional health, I think that's another reason I rank us where we are. I think there's some really good providers in town.

2. What do you think are the most important local healthcare issues?
   - I've noticed people don't really know what's available. I think we could do a better job in our community about getting the word out and promoting what's available.

3. What other healthcare services are needed in the community?
   - I guess one thing that I think would be helpful; a mental health crisis room is currently available, and I think our area would benefit from facility for people who have longer term need. Long-term stay rather than just short term (crisis).

4. What would make your community a healthier place to live?
   - Our community is a rural, isolated area. We do have limited resources here and so sometimes that does make it difficult to access certain services.
   - People could use help with financial assistance, accessing prescription medications (cost prohibitive).
   - I think our community would benefit from financial planning or budget management education.
   - Our program (Dawson Co. Domestic Violence) has a very good working relationship with the hospital. They set up a SANE room (Sexual Assault Nurse Exam) for sexual assault victims. They (GMC) have been very willing to enhance patient care in this area. It's come a long way. It has been so helpful for the victims.

Key Informant Interview #5
May 3, 2019- Amy Deines -Glendive Job Services Center–Via phone interview

1. How would you rate the general health of your community?
    - I would say, probably "Fair".
    - We (Glendive Job Service Center) tend to assist people with a lot of barriers. Looking for work and/or training. Medicare, Snap, Medicaid, Probation, etc.
    - We are one of the few Government agencies that have an 'Open door'. Because OPA (Office of Public Assistance) has closed, we have kind of filled the gap.
    - There seems to be a growing transient and homeless population in the community. At least we've noticed this trend. This group will have different needs and it's good that the community works together to look at these issues.

2. What do you think are the most important local healthcare issues?
    - Mental health, youth to adults.
    - Turnover for OB/GYNs.
    - There isn't a consistency for the primary care doctors. You end up having to start over and it gets frustrating.
    - I think our healthcare services are very active in our community, from public health to the hospital. Its' been really nice how it all works together. They participate in many of our community groups.
    - Housing, we could use help. Elderly, low-income housing. We had some but it had to be torn down, I hope it will be revisited because it's certainly a need.
    - We could use something like a hostel or transitional housing.
    - I can see a use for sober living housing- it would be a great addition to the community and assist people from falling back into bad habits.
    - One of the biggest tragedies in Glendive is how many community groups we have, but not enough coordination. There is so much desire to assist but it would be helpful to work together- have a bigger more meaningful impact.

3. What other healthcare services are needed in the community?
    - We have more of a need for the basics. Eye care is a huge need. There is only one place to go here.
    - I think for a small community we are doing pretty well.
    - Mental health is still a need. There's the willingness to go issue. But also, the emergency psychiatric care is not here at all. Nothing for a crisis.

4. What would make your community a healthier place to live?
   - Transportation, we have the Urban transport, but I think it could be made better. It could be more friendly to those who need it (hours, it can be cost prohibitive).
   - Getting healthcare in general- people may not feel comfortable accessing care. How to get services or talking to doctors.
   - Childcare is a huge need.
   - We have low unemployment in Glendive. There are a lot of job openings, but the jobs are for higher skilled positions. We need to assist people to gain those skills to fill those jobs.
   - What's scariest around here is that the schools do not have what they need. Counseling, mental health.

Key Informant Interview #6
May 14th, 2019 - Anonymous – Via phone interview

1. How do you feel about the general health of your community?
   - Overall, it's a work in progress. There have been a lot of new trails and clubs developed that people are trying to encourage community members to use. We are trying to go in a healthier direction but have a ways to go.
   - There are a lot of elderly and many of those people don't want to hike on trails or go biking.
   - Most people seem to go elsewhere for healthcare because the turnover of doctors is so high. I've heard this from many other community members. It is discouraging to go see a doctor who puts you on a particular treatment and then when you go back in three months, you see a new doctor that wants to put you on a completely different plan. It feels like there is no continuity of care.

2. What do you think are the most important local healthcare issues?
   - The turnover of doctors at Glendive Medical Center (GMC) is huge. The issues that they have with billing are another big deterrent for people to use their services.
   - I must go to Billings for a specialist, so I don't use GMC. It's just easier to get all my healthcare done in one trip to Billings.
   - The Public Health Department (PHD) offers services to fill in the gaps of GMC's care, however many people don't know about the public health department services. There also seems to be a competition between the PHD and the hospital.
   - I think the facility could improve their implantation and adherence to HIPPA standards. I've been disappointed.

3. What other healthcare services are needed in the community?
    -   A bone doctor. Right now, all X-rays have to go to Billings. If there isn't a nurse to set the bone, you have to go to Miles City or Sidney for care.
    -   Speech pathology would also be huge. We have a couple of audiology doctors that come down from Miles City a few times per month. However, it would be really helpful if we also had a speech pathologist. The nearest speech pathologist is in Billings.

4. What would make your community a healthier place to live?
    -   There is an effort to create new options for physical activity, such as "walk with ease" within workplaces or places that elderly populations can walk inside. Those programs are really positive but need to be advertised better.
    -   We live in rural Montana and everyone here eats steak and potatoes. Improved diet and food options would make a really big difference. We need to change our outlook on appropriate diet.
    -   We don't have very good options for organic foods and fresh produce. Often, produce goes bad quickly after you purchase it. In the summer these options are much more available.
    -   A collaboration between the hospital and the public health department. If they worked together, they could both succeed and make the community a much healthier place. Right now, there is a huge lack of transparency and collaboration.

Key Informant Interview #7
May 15, 2019- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
    -   The general health of our community is somewhere between poor to fair. Glendive has a lot of drug issues and families are struggling a lot.
    -   Poverty plays a huge factor in the poor health of our community.
    -   People aren't receiving enough mental health services to deal with addiction or general life situations that come up.
    -   There are people here that use local services, whereas others choose to leave the community for healthcare. Some people have had situations that lead them to want to leave town to receive care elsewhere.

2. What do you think are the most important local healthcare issues?
   - Addressing behavioral health problems in general.
   - People should feel that they can talk to somebody or seek treatment without the stigma that surrounds mental health problems.
   - People that are newly out of treatment need to be connected with peer support services. We have one program run by people who have lived with mental health problems and alcoholics anonymous that could help these people. There are also services provided through the court system that are under-utilized.
   - I also think we would benefit from having more coordination and collaboration between the hospital and other local services to support individuals and families.

3. What other healthcare services are needed in the community?
   - More support for healthy eating. A local dietician and nutritionist would be great to explain nutrition concepts to families. It is really important for us to address obesity in our community. It takes time to change your behavior and make healthy living a habit. It seems like more educational information provided to the community would be really helpful with that transition. It would be great to have a class that teaches meal planning for families.
   - We don't have many options for healthy foods and fresh produce except during the Farmer's market season. Throughout the rest of the year, everything is shipped and not as healthy.
   - We do have the Farm to Table program which is really positive. It seems like the community is really trying to provide more options for healthy foods.
   - There is a shortage of doctors, CNAs, psychiatrists, and other providers in our community. It is always hard to get providers to move to small communities, though. For a small community, I think we have the foundation and are just struggling to convince new providers to come into town.
   - We seem to have a lack of Licensed Addiction Counselors within the community. We do have a behavioral unit at the Glendive Medical Center, but it seems like we would benefit from more services for those struggling with addiction.

4. What would make your community a healthier place to live?
   - More sober activities and celebrations for people to engage in. Socializing and getting families to events that are non-alcoholic is very important.
   - We have a lot of activities, but many times they are centered around drinking. Alcohol is often abused in our state and community.

- It would be really beneficial for families to have more options for physical activities. We also need to better advertise the options that we do have, such as the walking trail.
- Education around physical activity's importance and how often people should engage in it.

Key Informant Interview #8
May 16, 2019- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
   - The health of the community is fairly good.
   - We have a community that cares well for the very young and very old. However, adolescents to mid-adult community members don't have as many services.
   - There is a lot of mental illness and addiction going on in our community that is not being addressed.
   - Some people remain in the community for healthcare, while a significant number still leave for care. Retention of providers is a major obstacle in for providing quality healthcare. The burnout rate can be really high when you don't have enough people to spread out the workload.

2. What do you think are the most important local healthcare issues?
   - Mental health is huge. They've really been trying to address that by adding psychiatry services through telehealth, however it's still really hard to perform mental health assessments for people through a computer screen.
   - The closest place for a teen or child in a behavioral health crisis is 3 hours away, which is really inaccessible.
   - Our law enforcement doesn't have crisis intervention training.
   - The hospital is doing a really good job providing ancillary services. For the size of the hospital, we provide a lot of options and services. There are always things that could be done better if we could bring in more providers.
   - Having a traveling ENT or general surgeon that comes to the community would be really nice. We have a beautiful new surgery center but not enough surgeons to staff it.

3. What other healthcare services are needed in the community?
   - There is a struggle all across the board for long-term care.
   - We need to encourage providers to stay so that we can provide a continuum of care.
   - We need more intervention options for adolescent addiction.
   - Montana has a very high suicide rate and we need to have a lot more work done to address that within the schools. Out of four K-12 schools in Glendive, only one has a mental health counselor.
   - It would be great to see more communication between the schools and hospitals.

4. What would make your community a healthier place to live?
   - More open community discussions about the challenges that we face. We need to come up with creative, collaborative solutions.
   - We do have a lot of options for exercising, which is great. We can always advertise that more so that community members utilize it more frequently.
   - There are a lot of options for healthy foods. We have community gardens that seem to be really successful. We also have a food bank and fresh produce truck.
   - We definitely need to be talking a lot more about mental health and behavioral health, especially for children.
   - There is a lot of community discussion around opening a wellness center, which I think would be a great idea.

Key Informant Interview #9
May 23, 2019- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
   - So-so.
   - People aren't dying all of the time but there are sick people in the community that do need more help.
   - People tend to leave the community to access healthcare services elsewhere. The hospital here has a problem keeping doctors on staff. People build a bond with a doctor and then they leave.
   - The billing practice of the hospital is very inefficient. I have helped numerous people in navigating their hospital bills.

2. What do you think are the most important local healthcare issues?
   - Having good, quality doctors available to the community that stay in the community. Once we get a good one, they leave.
   - I hardly go to the doctor here. I get most of my care in Billings.
   - Mental health problems.

- There is a lack of housing in this town, especially for seniors.
- We do have home health and transportation available for the senior population.

3. What other healthcare services are needed in the community?
   - A good family doctor would be helpful. They move in and out of here so fast.
   - A doctor that specializes in aging.

4. What would make your community a healthier place to live?
   - We need to include our seniors in community planning and activities. Including everyone in our community is important.
   - We do have a lot of options for people to stay active and healthy.

Appendix I – Request for Comments

Written comments on this 2019 Glendive Medical Center Community Health Needs Assessment can be submitted to the Marketing Department at GMC:

Marketing Department
Glendive Medical Center
202 Prospect Drive
Glendive, MT 59330

Contact Glendive Medical Center's Marketing Director at (406) 345-2627 or marketing@gmc.org with any questions.