

Dawson County, Montana

Community Health Services Development Community Health Needs Assessment Report

Survey conducted by:
Glendive Medical Center
Dawson County Health Department
Glendive, Montana

In cooperation with
The Montana Office of Rural Health

June 2016



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

**Glendive Medical Center
Dawson County Health Department
Community Health Needs Assessment**

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Glendive Medical Center | Dawson County Health Department
Community Survey & Focus Groups
Summary Report
June 2016

I. Introduction

Glendive Medical Center is fully-integrated health system providing care to Glendive, east central Montana and western North Dakota. Glendive Medical Center provides a range of services including: a full service 25-bed critical access hospital, rural health clinic, extended care, assisted living, and veteran's care. Glendive Medical Center participated in the Community Health Services Development (CHSD) Project, a Community Health Needs Assessment (CHNA), conducted by the Montana Office of Rural Health. Community involvement in steering committee meetings and focus groups enhanced the community's engagement in the assessment process.

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

II. Health Assessment Process

A Steering Committee was convened to assist Glendive Medical Center and the Dawson County Health Department in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in February 2016. 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 April 2016, surveys were mailed out to the residents in Glendive Medical Center and Dawson Health Department's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

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

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

Information Gaps

Data

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

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

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

Limitations in Survey Methodology

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

Survey Implementation

In April 2016, the community health services development survey, a cover letter from Glendive Medical Center with the Chief Executive Officer's and the Dawson County Health Director's signature on GMC and DCHD letterhead, and a postage paid reply envelope were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that GMC would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

Two hundred twenty surveys were returned out of 800. Of those 800 surveys, 49 were returned undeliverable for a 29% response rate. From this point on, the total number of surveys will be out of 751. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.06%.

IV. Survey Respondent Demographics

A total of 751 surveys were distributed amongst Glendive Medical Center and Dawson County Health Department's service area. Two hundred twenty were completed for a 29% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 31)

While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward the Glendive population which is reasonable given that this is where most of the services are located. Six respondents chose not to answer this question.

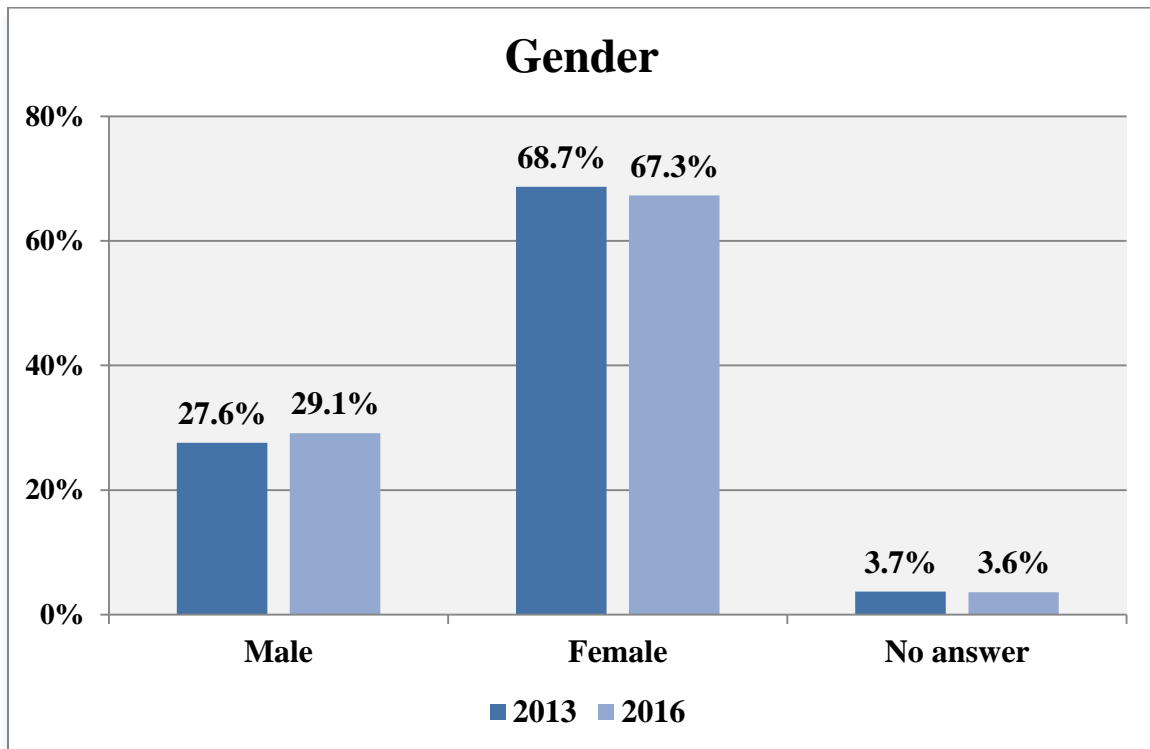
Location	Zip Code	2013		2016	
		Count	Percent	Count	Percent
Glendive	59330	170	80.6%	166	77.6%
Bloomfield	59315	Not asked in 2013		11	5.1%
Lindsay	59339	Not asked in 2013		11	5.1%
Wibaux	59353	10	4.7%	9	4.2%
Circle	59215	12	5.7%	6	2.8%
Terry	59349	7	3.3%	4	1.9%
Beach	58621	1	0.5%	4	1.9%
Richey	59259	3	1.4%	2	0.9%
Savage	59262	4	1.9%	1	0.5%
Wolf Point	59201	1	0.5%	Not asked in 2016	
Sidney	59270	3	1.4%	Not asked in 2016	
TOTAL		211	100%	214	100%

Gender (Question 32)

2016 N= 220

2013 N= 217

Of the 220 surveys returned, 67.3% (n=148) of survey respondents were female, 29.1% (n=64) were male, and 3.6% (n=8) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.

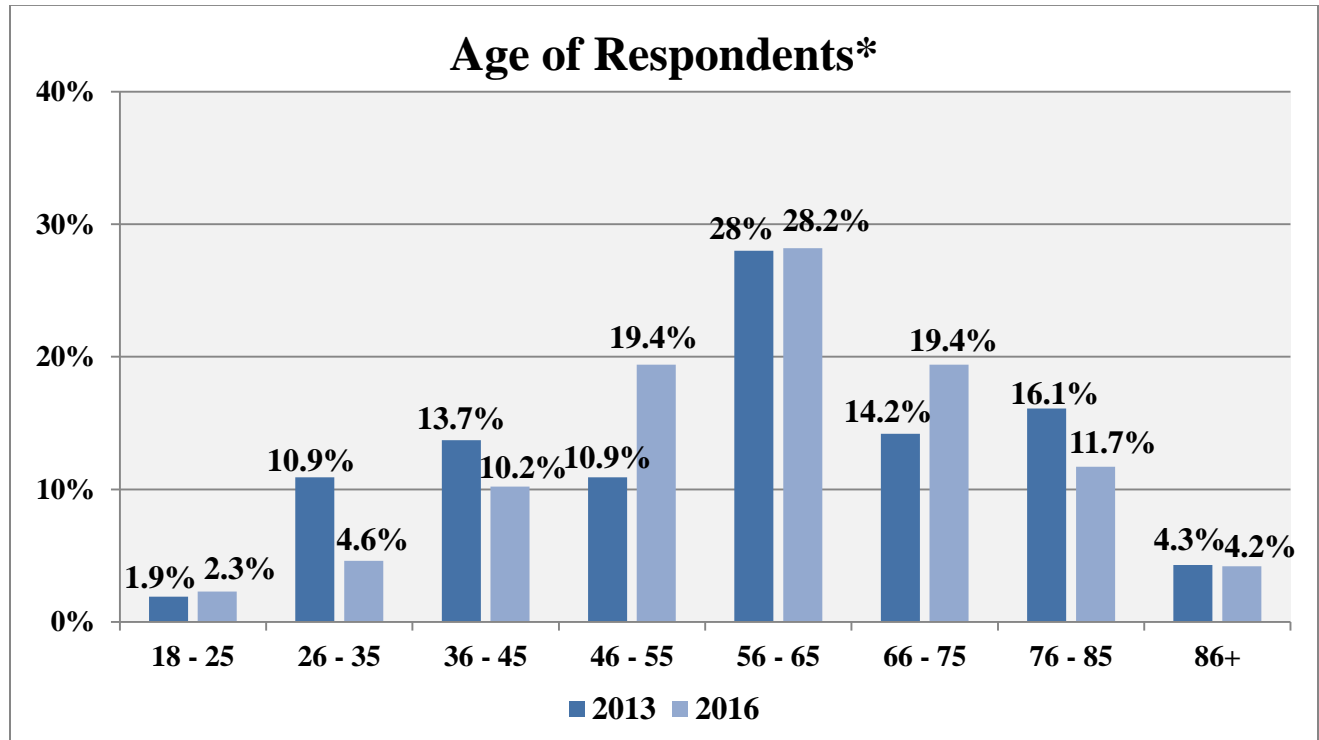


Age of Respondents (Question 33)

2016 N= 216

2013 N= 211

Twenty-eight percent of respondents (n=61) are between the ages of 56-65. Nineteen percent of respondents (n=42) are between the ages of 46-55 and another 19.4% of respondents (n=42) are between the ages of 66-75. This statistic is comparable to other Critical Access Hospital (CAH) demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and therefore, are more likely to respond to healthcare surveys, as reflected by this graph.



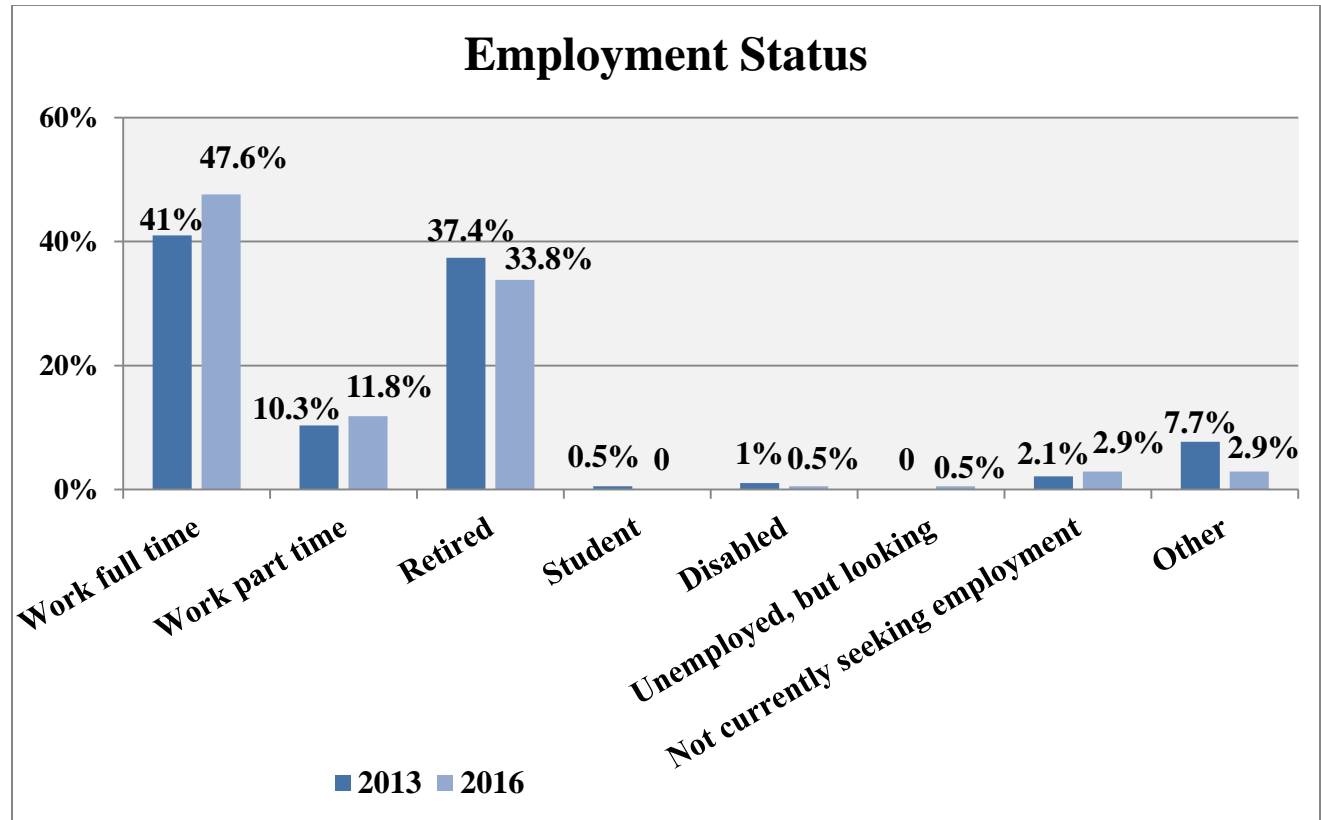
*Significantly fewer 2016 respondents are between the ages of 26-35; significantly more 2016 respondents are between the ages of 46-55; significantly more 2016 respondents are between the ages 66-75; and significantly fewer 2016 respondents between the ages of 76-85.

Employment Status (Question 34)

2016 N= 210

2013 N= 195

Forty-eight percent (n=100) of respondents reported working full time while 33.8% (n=71) are retired. Twelve percent of respondents (n=25) indicated they work part time. Respondents could select all that apply so percentages do not equal 100%. Ten respondents chose not to answer this question.



“Other” comments:

- Self-employed (2)
- Housewife (2)
- Seeking part-time
- Work from home

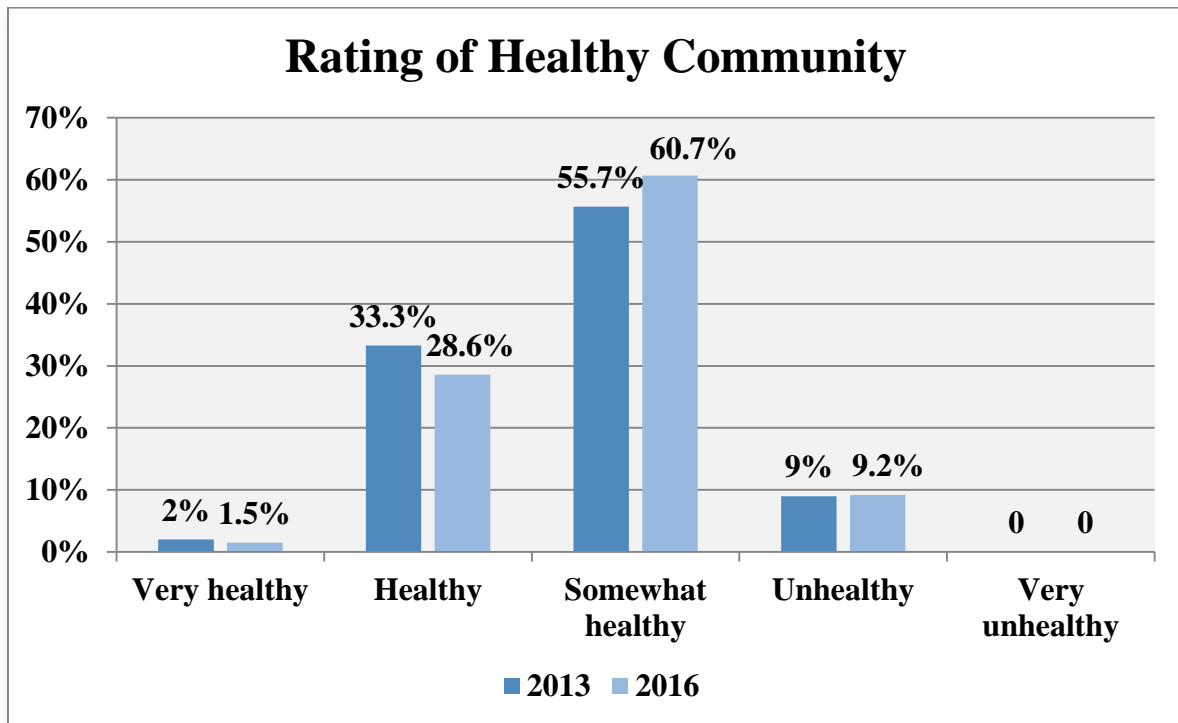
V. Survey Findings – Community Health

Impression of Community (Question 1)

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=125) rated their community as “Somewhat healthy.” Twenty-nine percent of respondents (n=59) felt their community was “Healthy” and 9.2% (n=19) felt their community was “Unhealthy.” Fourteen respondents chose not to respond to this question.



“Other” comments:

- Don't know

Health Concerns for Community (Question 2)

2016 N= 220

2013 N= 217

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol abuse/substance abuse” at 65.9% (n=145). This is significantly more of a concern for 2016 respondents than in 2013. “Cancer” was also a high priority at 55% (n=121) followed by “Obesity/overweight” at 26.4% (n=58). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2013		2016	
	Count	Percent	Count	Percent
Alcohol abuse/substance abuse¹	117	53.9%	145	65.9%
Cancer	106	48.8%	121	55.0%
Overweight/obesity	70	32.3%	58	26.4%
Heart disease	49	22.6%	43	19.5%
Mental health issues	40	18.4%	43	19.5%
Depression/anxiety	38	17.5%	39	17.7%
Lack of access to healthcare	40	18.4%	36	16.4%
Diabetes	28	12.9%	35	15.9%
Tobacco use/e-cigarettes	26	12.0%	29	13.2%
Lack of exercise	29	13.4%	27	12.3%
Child abuse/neglect ²	10	4.6%	21	9.5%
Domestic violence	16	7.4%	20	9.1%
Lack of dental care	4	1.8%	7	3.2%
Motor vehicle accidents	11	5.1%	5	2.3%
Recreation related accidents/injuries	3	1.4%	5	2.3%
Stroke	13	6.0%	5	2.3%
Sexual assault	Not asked in 2013		3	1.4%
Work related accidents/injuries	5	2.3%	1	0.5%
Other	10	4.6%	7	3.2%

¹ Significantly more 2016 respondents selected alcohol/substance abuse as a serious health concern than in 2013.

² Significantly more 2016 respondents selected child abuse/neglect as a serious health concern than in 2013.

“Other” comments:

- High cost of healthcare (2)
- Meth
- Affordability of health care
- Inability to retain good doctors
- Filthy yards
- Lack of people taking responsibility for their health by eating whole, natural foods. Most opt for processed foods which are causing 99% of the health issues in this country. All of the health “concerns” you have listed (except accidents) Can be related to an unhealthy diet and lack of exercise.

Components of a Healthy Community (Question 3)

2016 N= 220

2013 N= 217

Respondents were asked to identify the three most important things for a healthy community. Fifty-five percent of respondents (n=121) indicated that “Access to healthcare and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 40% (n=88) and third was “Strong family life” at 29.5% (n=65). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2013		2016	
	Count	Percent	Count	Percent
Access to health care and other services	130	59.9%	121	55.0%
Good jobs and a healthy economy¹	56	25.8%	88	40.0%
Strong family life	56	25.8%	65	29.5%
Healthy behaviors and lifestyles	60	27.6%	64	29.1%
Religious or spiritual values	54	24.9%	61	27.7%
Emergency services (police, fire, EMS)	35	16.1%	48	21.8%
Adequate, affordable housing ²	78	35.9%	46	20.9%
Good schools	29	13.4%	26	11.8%
Immunized children	15	6.9%	22	10.0%
Low crime/safe neighborhoods ³	41	18.9%	22	10.0%
Community involvement	17	7.8%	17	7.7%
Clean environment	23	10.6%	14	6.4%
Walking/biking paths	12	5.5%	12	5.5%
Access to quality childcare	6	2.8%	10	4.5%
Low death and disease rates	4	1.8%	9	4.1%
Tolerance for diversity	5	2.3%	8	3.6%
Parks and recreation	10	4.6%	7	3.2%
Arts and cultural events	4	1.8%	3	1.4%
Low level of domestic violence	6	2.8%	3	1.4%
Other	4	1.8%	5	2.3%

¹Significantly more people in 2016 selected good jobs and a healthy economy as an important component of a healthy community.

²In 2016, respondents were significantly less likely to choose affordable housing as an important component of a healthy community.

³In 2016, respondents were significantly less likely to choose low crime/safe neighborhoods as an important component of a healthy community.

“Other” comments:

- Activities other than drugs and alcohol
- Access to affordable healthcare
- Affordable dental care
- Health education
- Christianity

Survey Findings – Awareness of Services

How Respondents Learn of Healthcare Services (Question 4)

2016 N= 220

2013 N= 217

Respondents were asked to indicate how they learn about health services available in the community. The most frequent method of learning about available services was “Friends/family” at 74.1% (n=163). Significantly more 2016 respondents learned of services from friends/family than in 2013. “Word of mouth/reputation” was the second most frequent response at 63.6% (n=140) and “Ranger Review” was reported at 50% (n=110). Respondents could select more than one method so percentages do not equal 100%.

Method	2013		2016	
	Count	Percent	Count	Percent
Friends/family¹	110	50.7%	163	74.1%
Word of mouth/reputation	135	62.2%	140	63.6%
Ranger Review	106	48.8%	110	50.0%
Healthcare provider	98	45.2%	88	40.0%
Radio (KXGN, KGLE, KDZN) ²	47	21.7%	71	32.3%
Dawson County Health Dept. ³	20	9.2%	70	31.8%
Mailings/newsletter	44	20.3%	46	20.9%
Social media/Facebook	Not asked in 2013		38	17.3%
Television ⁴	18	8.3%	34	15.5%
Website/internet	26	12.0%	25	11.4%
Presentations	13	6.0%	6	2.7%
Other ⁵	10	4.6%	3	1.4%

¹In 2016, significantly more respondents learned of health services from friends or family than in 2013.

²In 2016, significantly more respondents learned of health services from the radio than in 2013.

³In 2016, significantly more respondents learned of health services from Dawson County Health Department than in 2013.

⁴In 2016, significantly more respondents learned of health services from the television than in 2013.

⁵Significantly fewer 2016 respondents indicated they learned of health care services from a method “other” than what was listed.

“Other” comments:

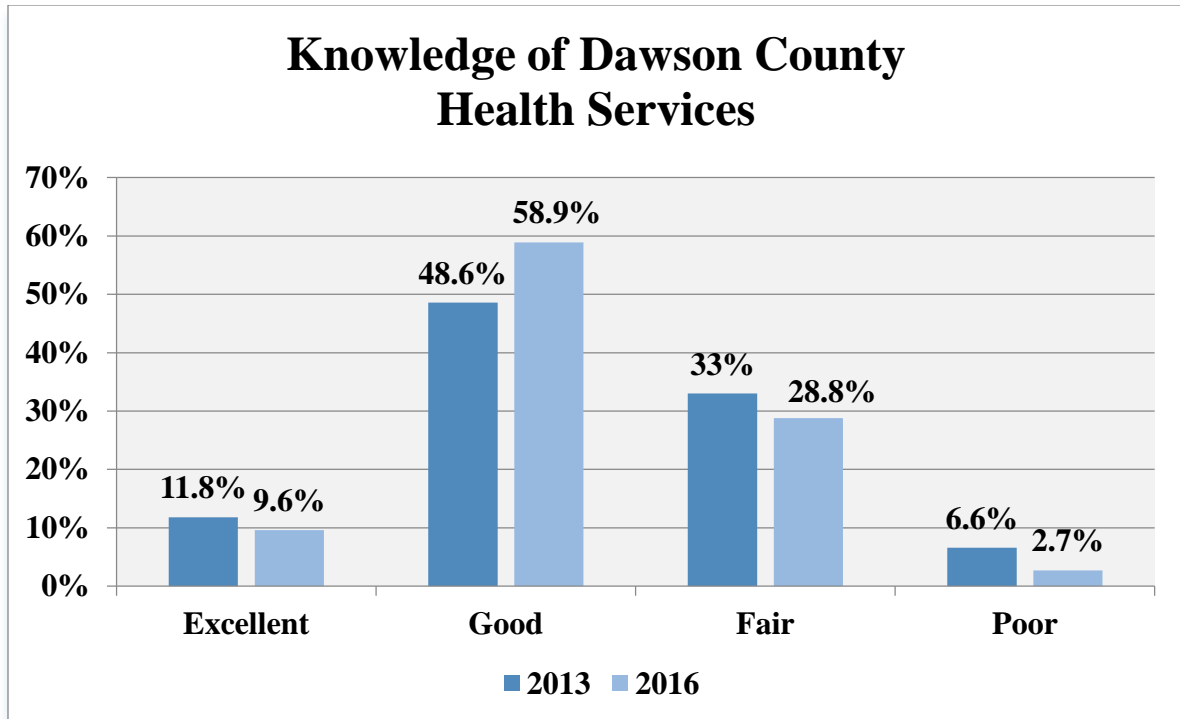
- Wife was CRNA [Certified Registered Nurse Anesthetist]
- Facebook
- Phonebook
- Sickness

Overall Awareness of Health Services (Question 5)

2016 N= 219

2013 N= 212

Respondents were asked to rate their knowledge of the health services available in Dawson County. Fifty-nine percent (n=129) of respondents rated their knowledge of health services as “Good.” Twenty-nine percent (n=63) rated their knowledge as “Fair” and 9.6% of respondents (n=21) rated their knowledge as “Excellent.” One respondents chose not to answer this question.



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 DAWSON COUNTY SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Healthcare provider	9 (10.2%)	55 (62.5%)	22 (25%)	2 (2.3%)	88
Radio (KXGN, KGLE, KDZN)	7 (9.9%)	44 (62%)	19 (26.8%)	1 (1.4%)	71
Word of mouth/reputation	15 (10.7%)	82 (58.6%)	39 (27.9%)	4 (2.9%)	140
Ranger Review	13 (11.8%)	66 (60%)	26 (23.6%)	5 (4.5%)	110
Presentations	1 (16.7%)	3 (50%)	2 (33.3%)	0	6
Website/internet	3 (12%)	13 (52%)	9 (36%)	0	25
Television	2 (5.9%)	21 (61.8%)	11 (32.4%)	0	34
Dawson County Public Health Department	10 (14.3%)	43 (61.4%)	15 (21.4%)	2 (2.9%)	70
Friends/family	16 (9.9%)	94 (58%)	48 (29.6%)	4 (2.5%)	162
Mailings/newsletter	3 (6.5%)	24 (52.2%)	19 (41.3%)	0	46
Social Media/Facebook	3 (7.9%)	28 (73.7%)	6 (15.8%)	1 (2.6%)	38
Other	0	2 (66.7%)	0	1 (33.3%)	3

Other Community Health Resources Utilized (Question 6)

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 community health resource cited by respondents at 82.7% (n=182). “Dentist” was also a highly utilized resource at 71.4% (n=157) followed by “Dawson County Health Department” at 46.8% (n=103). Respondents could select more than one resource so percentages do not equal 100%.

Resource	Count	Percent
Pharmacy	182	82.7%
Dentist	157	71.4%
Dawson County Health Department	103	46.8%
Alternative medicine (ex. Chiropractor)	69	31.4%
Massage therapy	42	19.1%
Senior Center	17	7.7%
DME/Medical Supply Company	12	5.5%
Mental Health Center	5	2.3%
Other	10	4.5%

“Other” comments:

- Eye doctor (5)
- None (4)
- Holistic, essential oils
- Private doctor not associated with hospital
- We go to Miles City for better care
- Gabert Clinic & ER
- Alternative medicine
- Blood drawing

Improvement for Community’s Access to Healthcare (Question 7)

2016 N= 220

2013 N= 217

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Seventy percent of respondents (n=154) reported that “Retention of physicians” would make the greatest improvement. Fifty-six percent of respondents (n=124) indicated they would like “More primary care providers” and 39.1% (n=86) indicated “More specialists” would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

Method	2013		2016	
	Count	Percent	Count	Percent
Retention of physicians	140	64.5%	154	70.0%
More primary care providers	121	55.8%	124	56.4%
More specialists	69	31.8%	86	39.1%
Improved quality of care	86	39.6%	83	37.7%
Outpatient services expanded hours	52	24.0%	50	22.7%
Community health clinic (sliding fee option)	66	30.4%	49	22.3%
Telemedicine	24	11.1%	24	10.9%
Transportation assistance	19	8.8%	23	10.5%
Greater health education services	33	15.2%	21	9.5%
Cultural sensitivity	6	2.8%	4	1.8%
Interpreter service	3	1.4%	2	0.9%
Other	14	6.5%	14	6.4%

“Other” comments:

- Affordability/better payment options (4)
- Better, more lenient/fair billing practices (3)
- Primary care providers that actually stay in town
- Walk-in clinic hours way too limited
- Much better coordination of care and consultation of primary caregiver when patient is hospitalized
- High wage for employees in healthcare
- Urgent care
- Indoor swimming pool
- Don’t know

Interest in Educational Classes/Programs (Question 8)

2016 N= 220

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Weight loss” at 30.5% of respondents (n=67). “Health and wellness” was selected by 29.5% of respondents (n=65) and “Women’s health” followed at 27.7% (n=61). Respondents could select more than one method so percentages do not equal 100%.

Educational Class/Program	Count	Percent
Weight loss	67	30.5%
Health and wellness	65	29.5%
Women’s health	61	27.7%
Nutrition	55	25.0%
Fitness	53	24.1%
Senior wellness	46	20.9%
Living will	43	19.5%
Alzheimer’s	39	17.7%
First aid/CPR	35	15.9%
Diabetes	27	12.3%
Cancer	25	11.4%
Mental health	25	11.4%
Heart health	22	10.0%
Men’s health	22	10.0%
Grief counseling	14	6.4%
Parenting	11	5.0%
Support groups	11	5.0%
Tobacco cessation	9	4.1%
Alcohol/substance abuse	4	1.8%
Prenatal	2	0.9%
Other	5	2.3%

“Other” comments:

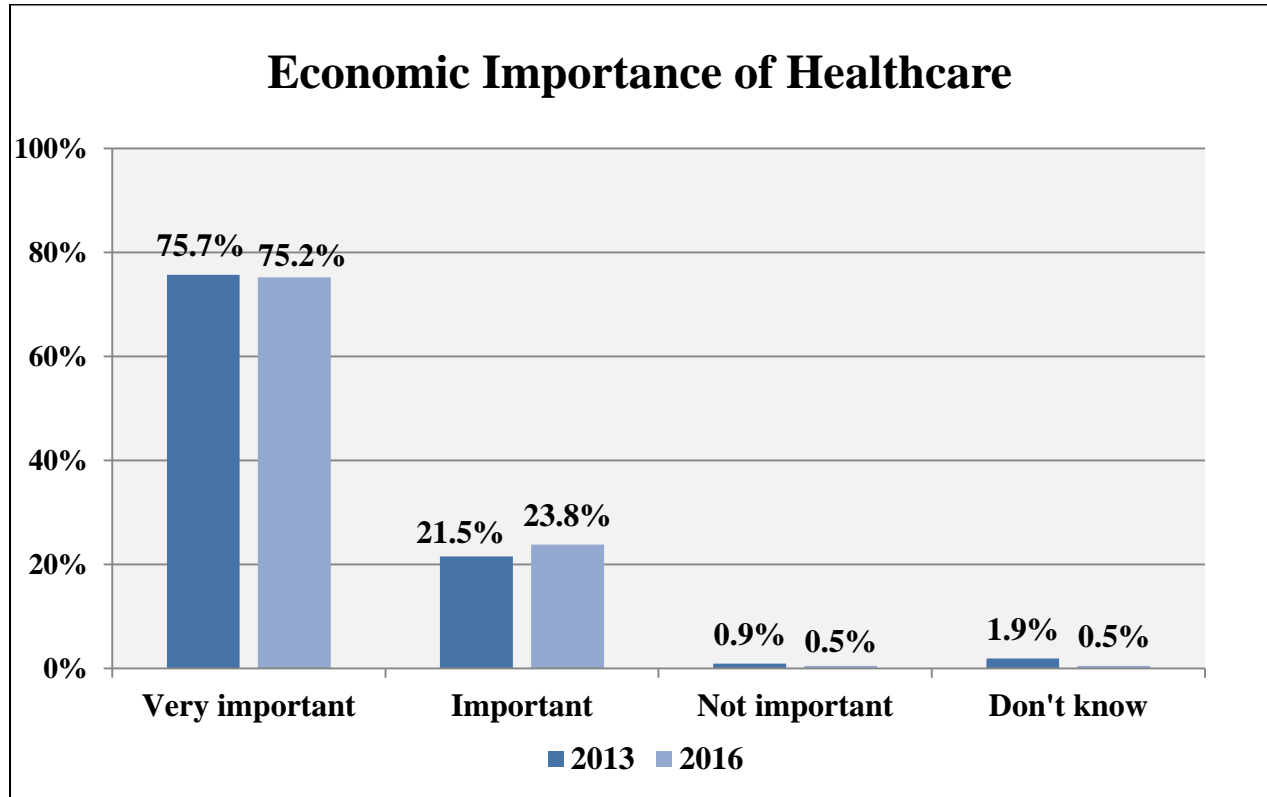
- None/Not sure (2)
- I am home-bound with COPD [selected none]
- Wills
- Epilepsy
- Thyroid

Economic Importance of Local Healthcare Providers and Services (Question 9)

2016 N= 218

2013 N= 214

The majority of respondents 75.2%, (n=164) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty-four percent of respondents (n=52) indicated they feel they are “Important” and one respondent, or 0.5% indicated that they are “Not important.” Two respondents chose not to answer this question.



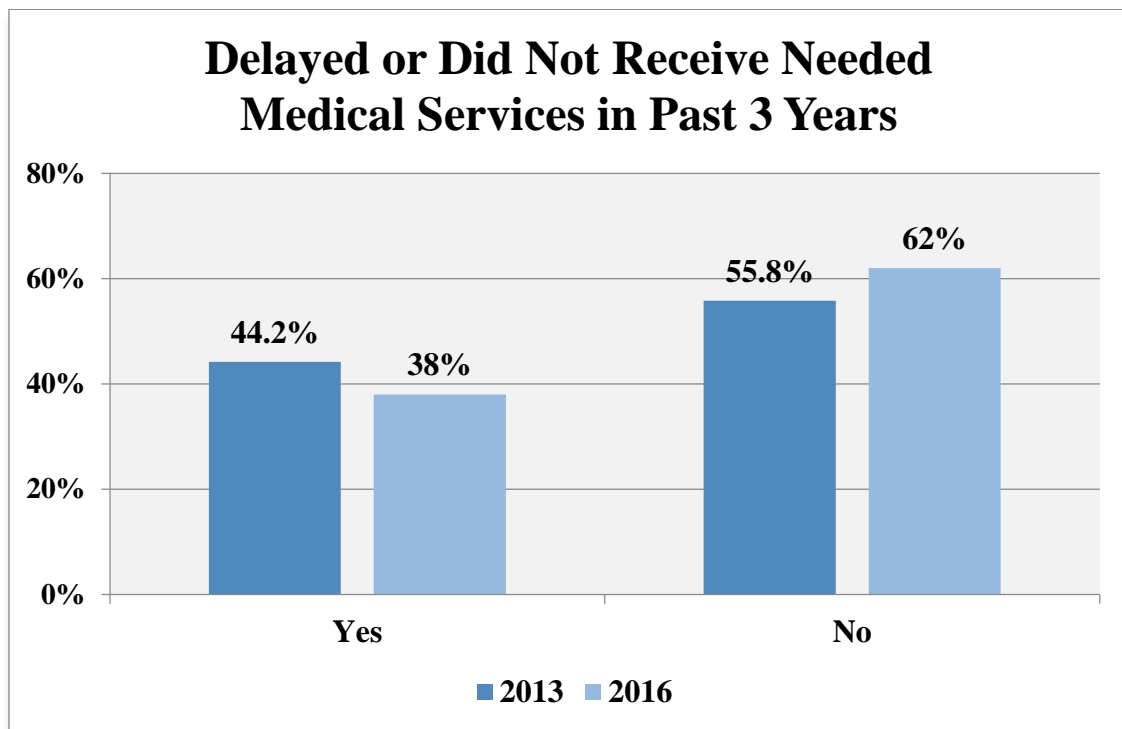
Survey Findings – Use of Healthcare Services

Needed/Delayed Hospital Care During the Past Three Years (Question 10)

2016 N= 208

2013 N= 197

Thirty-eight percent of respondents (n=79) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Sixty-two percent of respondents (n=129) felt they were able to get the healthcare services they needed without delay and twelve respondents chose not to answer this question.



Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 11)

2016 N= 79

2013 N= 87

For those who indicated they were unable to receive or had to delay services (n=79), the reasons most cited were: “Too long to wait for an appointment” 32.9%, (n=26), “It costs too much” 27.8%, (n=22), and “Could not get an appointment” 19%, (n=15). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
Too long to wait for an appointment	30	34.5%	26	32.9%
It costs too much¹	39	44.8%	22	27.8%
Could not get an appointment	22	25.3%	15	19.0%
Services were not available	6	6.9%	12	15.2%
Don't like doctors ²	32	36.8%	11	13.9%
My insurance didn't cover it	13	14.9%	8	10.1%
Not treated with respect ³	18	20.7%	7	8.9%
No insurance ⁴	19	21.8%	6	7.6%
Too nervous or afraid	5	5.7%	4	5.1%
Office wasn't open when I could go	8	9.2%	3	3.8%
It was too far to go	2	2.3%	3	3.8%
Didn't know where to go	6	6.9%	2	2.5%
Transportation problems	1	1.1%	2	2.5%
Had no one to care for the children	1	1.1%	1	1.3%
Could not get off work	2	2.3%	1	1.3%
Communication barriers	0	0	0	0
Other	12	13.8%	6	7.6%

¹Significantly fewer 2016 respondents delayed/did not receive health care due to cost.

²Significantly fewer 2016 respondents delayed/did not receive health care due to a dislike of doctors.

³Significantly fewer 2016 respondents delayed/did not receive health care because they felt they were not treated with respect.

⁴Significantly fewer 2016 respondents delayed/did not receive health care because they had no insurance.

“Other” comments:

- Extended wait time/communication issues (3)
- Did not want to go (2)
- Affordability (2)
- Did not trust provider
- No doctor
- Privacy violations are a continuous problem
- Always billing issues

Utilization of Preventative Services (Question 12)

2016 N= 220

2013 N= 217

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Dental” services were selected by 59.1% of respondents (n=130). Fifty-six percent of respondents (n=124) indicated they attended a “Health fair screening” and 55.5% of respondents (n=122) had received a “Flu shot.” Respondents could select all that apply, thus the percentages do not equal 100%.

Service	2013		2016	
	Count	Percent	Count	Percent
Dental	112	51.6%	130	59.1%
Health fair screening	107	49.3%	124	56.4%
Flu shot	115	53.0%	122	55.5%
Vision	104	47.9%	106	48.2%
Routine health checkup	75	34.6%	93	42.3%
Cholesterol check	72	33.2%	88	40.0%
Routine blood pressure check	78	35.9%	81	36.8%
Adult immunizations ¹	49	22.6%	73	33.2%
Mammography	62	28.6%	67	30.5%
Prostate (PSA)	28	12.9%	41	18.6%
Pap smear ²	55	25.3%	38	17.3%
Child immunizations	19	8.8%	25	11.4%
Colonoscopy	20	9.2%	25	11.4%
Children's checkup/Well baby	15	6.9%	15	6.8%
Health education class	Not asked - 2013		8	3.6%
None	12	5.5%	12	5.5%

¹Significantly more 2016 respondents had an adult vaccine in the past year than in 2013.

²Significantly fewer 2016 respondents had a pap smear in the past year than in 2013.

“Other” comments:

- We go to Miles City for these needs. Our doctor has been there for a long time

Desired Local Healthcare Services (Question 13)

2016 N= 220

2013 N= 217

Respondents were asked to indicate which healthcare professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “Dermatology” services available at 27.7% (n=61) followed by an “ENT” at 22.7% (n=50), then “Sleep center” at 17.3% (n=38). Respondents were asked to select all that apply so percentages do not equal 100%.

Service	2013		2016	
	Count	Percent	Count	Percent
Dermatology	63	29.0%	61	27.7%
ENT (ear/nose/throat)	57	26.3%	50	22.7%
Sleep center	Not asked in 2013		38	17.3%
Wellness center ¹	47	21.7%	29	13.2%
Nutritional services	22	10.1%	26	11.8%
Cardiology	20	9.2%	25	11.4%
Cancer treatment	20	9.2%	21	9.5%
Diabetic education	Not asked in 2013		19	8.6%
Mental Health	13	6.0%	16	7.3%
Audiology	Not asked in 2013		16	7.3%
Doctor on Demand (web-based)	Not asked in 2013		16	7.3%
Independent housing	10	4.6%	8	3.6%
Adult daycare	3	1.4%	6	2.7%
Dialysis	7	3.2%	6	2.7%
Adult transitional housing	5	2.3%	3	1.4%
Prenatal/lactation services	9	4.1%	3	1.4%
Blood thinner clinic	Not asked in 2013		4	1.8%
Other	14	6.5%	4	1.8%

¹Significantly fewer 2016 respondents indicated they would like a local wellness center than in 2013.

“Other” comments:

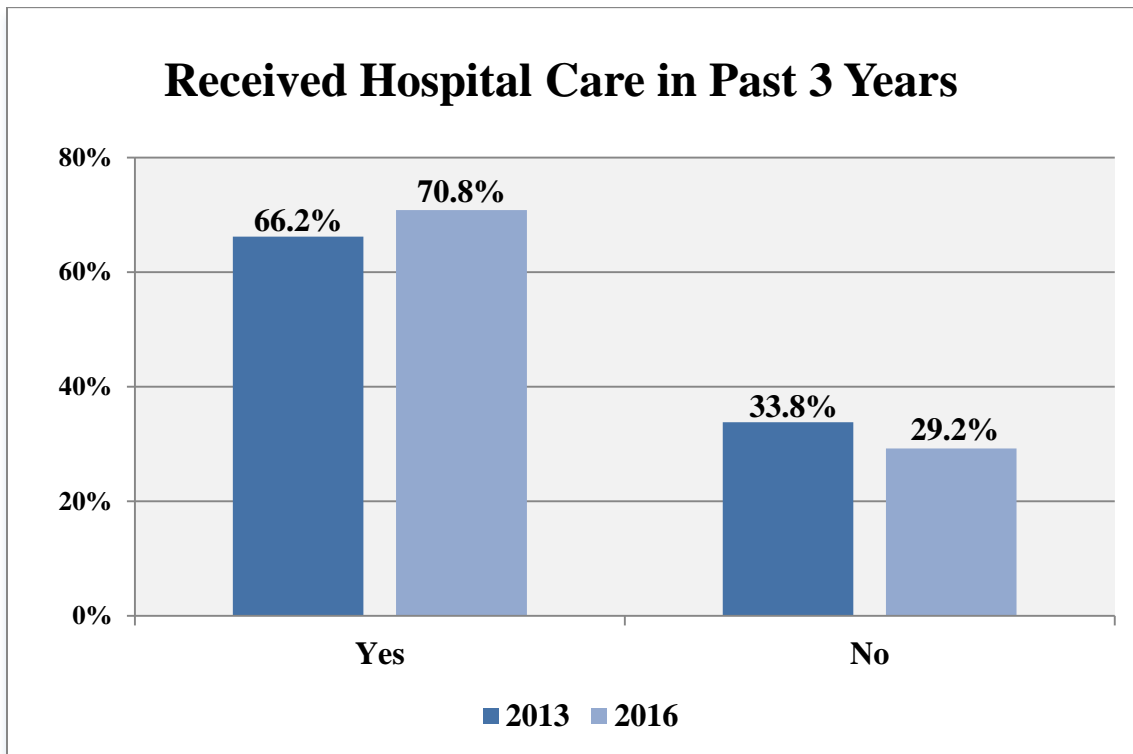
- Additional eye doctor
- Additional OB/GYN provider
- Urology
- Ophthalmology
- Sports Medicine
- I would use more if there were quality doctors
- Feel no more healthcare services are needed
- None because it costs more to go to Glendive than Miles City

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

2016 N= 212

2013 N= 204

Seventy-one percent of respondents (n=150) reported that they or a member of their family had received hospital care (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) during the previous three years. Twenty-nine percent (n=62) had not received hospital services and eight respondents chose not to answer this question.



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

2016 N= 135

2013 N= 124

Of the 150 respondents who indicated receiving hospital care in the previous three years, 48.9% (n=66) reported receiving care at Glendive Medical Center in Glendive. Twenty-two percent of respondents (n=29) went to Billings Clinic and 12.6% of respondents (n=17) utilized services from Holy Rosary in Miles City. Fifteen of the 150 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2013		2016	
	Count	Percent	Count	Percent
Glendive Medical Center	64	51.6%	66	48.9%
Billings Clinic - Billings	20	16.1%	29	21.5%
Holy Rosary - Miles City	13	10.5%	17	12.6%
St. Vincent's - Billings	9	7.3%	10	7.4%
Sidney Health Center - Sidney	4	3.2%	3	2.2%
Dickinson, ND hospitals	5	4.0%	3	2.2%
Williston, ND	1	0.8%	Not asked in 2016	
Other	8	6.5%	7	5.2%
TOTAL	124	100%	135	100%

“Other” comments:

- McCone Co. Clinic & Hospital (3)
- VA Clinic (3)
- Sanford Hospital-Bismarck (2)
- Oral Surgery and Implant-TMJ
- Black Hills Surgical Hospital
- Cancer treatment center
- Bismarck St. Alexis
- St. Cloud CentraCare
- Circle
- Billings Clinic-Miles City
- Will not use GMC

Reasons for Selecting the Hospital Used (Question 16)

2016 N= 150

2013 N= 135

Of the 150 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 52% (n=78). “Prior experience with hospital” was selected by 50% of the respondents (n=75) and 38% (n=57) selected “Referred by physician.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
Closest to home	76	56.3%	78	52.0%
Prior experience with hospital	54	40.0%	75	50.0%
Referred by physician	41	30.4%	57	38.0%
Hospital’s reputation for quality	39	28.9%	45	30.0%
Emergency, no choice	52	38.5%	42	28.0%
Recommended by family or friends	13	9.6%	24	16.0%
Closest to work	13	9.6%	10	6.7%
Cost of care	13	9.6%	7	4.7%
Required by insurance plan	7	5.2%	6	4.0%
VA/Military requirement	6	4.4%	5	3.3%
Other	16	11.9%	10	6.7%

“Other” comments:

- Specialty services (2)
- Sleep test (2)
- Poor experience in Glendive (2)
- Services available
- Quality of NICU [Neonatal Intensive-Care Unit]
- My workplace
- In network
- Privacy

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Glendive Medical Center	Billings Clinic-Billings	Holy Rosary-Miles City	Sidney Health Center-Sidney	Dickinson, ND hospitals	St Vincent's-Billings	Other	Total
Glendive 59330	57 (54.3%)	22 (21%)	13 (12.4%)	2 (1.9%)	1 (1%)	8 (7.6%)	2 (1.9%)	105
Bloomfield 59315	5 (62.5%)	2 (25%)					1 (12.5%)	8
Wibaux 59353	1 (25%)	3 (75%)						4
Circle 59215		1 (25%)	2 (50%)				1 (25%)	4
Savage 59262				1 (100%)				1
Terry 59349			1 (50%)			1 (50%)		2
Beach 58621					2 (100%)			2
Lindsay 59339	1 (16.7%)	1 (16.7%)				1 (16.7%)	3 (50%)	6
Richey 59259								0
TOTAL	64 (48.5%)	29 (22%)	16 (12.1%)	3 (2.3%)	3 (2.3%)	10 (7.6%)	7 (5.3%)	132

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

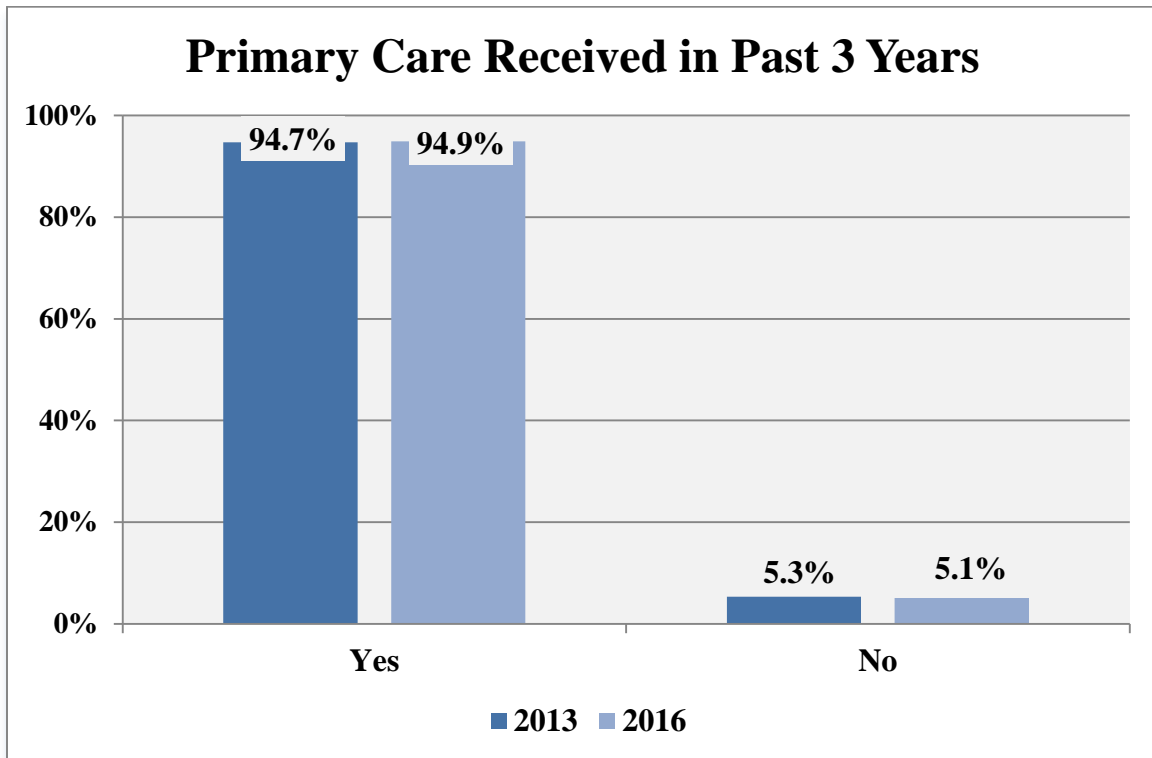
	Glendive Medical Center	Billings Clinic-Billings	Holy Rosary-Miles City	Sidney Health Center-Sidney	Dickinson, ND hospitals	St Vincent's - Billings	Other	Total
Closest to home	59 (85.5%)	4 (5.8%)	2 (2.9%)	2 (2.9%)	1 (1.4%)		1 (1.4%)	69
Closest to work	8 (88.9%)		1 (11.1%)					9
Cost of care		2 (33.3%)	3 (50%)	1 (16.7%)				6
Emergency, no choice	33 (84.6%)	4 (10.3%)			2 (5.1%)			39
Hospital's reputation for quality	4 (9.1%)	17 (38.6%)	10 (22.7%)	1 (2.3%)		6 (13.6%)	6 (13.6%)	44
Prior experience with hospital	34 (48.6%)	12 (17.1%)	13 (18.6%)	1 (1.4%)	1 (1.4%)	4 (5.7%)	5 (7.1%)	70
Recommended by family or friends	5 (20.8%)	7 (29.2%)	7 (29.2%)			1 (4.2%)	4 (16.7%)	24
Referred by physician	12 (23.5%)	23 (45.1%)	4 (7.8%)	2 (3.9%)	2 (3.9%)	7 (13.7%)	1 (2%)	51
Required by insurance plan	1 (16.7%)		1 (16.7%)	2 (33.3%)	1 (16.7%)	1 (16.7%)		6
VA/Military requirement	1 (50%)	1 (50%)						2
Other	2 (20%)	5 (50%)	1 (10%)	1 (10%)			1 (10%)	10

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

2016 N= 215

2013 N= 208

Ninety-five percent of respondents (n=204) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Five percent of respondents (n=11) had not seen a primary care provider and five respondents chose not to answer this question.



Location of Primary Care Provider (Question 18)

2016 N= 181

2013 N= 174

Of the 204 respondents who indicated receiving primary care services in the previous three years, 75.7% (n=137) reported receiving care in Glendive. Eleven percent of respondents (n=19) went to Miles City and 8.8% of respondents (n=16) utilized primary care services at the VA. Twenty-three of the 204 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	
	Count	Percent	Count	Percent
Glendive¹	115	66.1%	137	75.7%
Miles City	17	9.8%	19	10.5%
VA²	5	2.9%	16	8.8%
Billings	10	5.7%	4	2.2%
Sidney	5	2.9%	3	1.7%
Dickinson, ND	4	2.3%	2	1.1%
Williston, ND	1	0.6%	Not asked in 2016	
Other ³	17	9.8%	0	0
TOTAL	174	100%	181	100%

¹Significantly more 2016 respondents had received primary care services in Glendive than in 2013.

²Significantly more 2016 respondents had received primary care services from the VA than in 2013.

³Significantly fewer 2016 respondents received primary care services from a location other than those listed.

“Other” comments:

- Circle (9)
- Wibaux (7)
- Terry (3)
- Beach Medical Doctor (2)
- Bismarck (2)
- Baker, MT (2)
- VA Clinic Glendive
- IHS [Indian Health Services]
- Don't have one

Reasons for Selection of Primary Care Provider (Question 19)

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 to top response with 52.9% (n=108). “Prior experience with clinic” was selected by 45.1% (n=92) followed by “Appointment availability” at 33.8% (n=69). Respondents were asked to select all that apply so the percentages do not equal 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
Closest to home	93	47.2%	108	52.9%
Prior experience with clinic	75	38.1%	92	45.1%
Appointment availability	66	33.5%	69	33.8%
Recommended by family or friends	43	21.8%	43	21.1%
Clinic’s reputation for quality ¹	45	22.8%	30	14.7%
Length of waiting room time	17	8.6%	24	11.8%
Referred by physician or other provider	16	8.1%	19	9.3%
Cost of care	19	9.6%	11	5.4%
Required by insurance plan	6	3.0%	5	2.5%
VA/Military requirement	9	4.6%	5	2.5%
Indian Health Services	1	0.5%	1	0.5%
Other	24	12.2%	32	15.7%

¹In 2016, significantly fewer respondents selected a primary care provider based on the clinic's reputation for quality.

“Other” comments:

- Personal choice due to doctor’s attitude, overall positive feeling (9)
- Previous relationship with doctor (6)
- Permanent provider in community/Likely to stay (4)
- Negative experience in Glendive (3)
- Poor reputation of other providers (2)
- Special skills (2)
- Only pediatrician (2)
- Provider reputation for quality (2)
- Only doctor available/Other provider left town (2)
- Availability/Time to interact with doctor (2)
- FAA/DOT [Federal Aviation Administration/Department of Transportation] physician
- Reasonable payment plan
- In network

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	Sidney	Billings	Dickinson, ND	Miles City	VA	Other	Total
Glendive 59330	108 (78.3%)	2 (1.4%)	3 (2.2%)	2 (1.4%)	14 (10.1%)	9 (6.5%)		138
Bloomfield 59315	8 (80%)	1 (10%)				1 (10%)		10
Wibaux 59353	5 (71.4%)				1 (14.3%)	1 (14.3%)		7
Circle 59215	2 (40%)		1 (20%)		1 (20%)	1 (20%)		5
Savage 59262								0
Terry 59349	2 (66.7%)					1 (33.3%)		3
Beach 58621	3 (100%)							3
Lindsay 59339	5 (62.5%)				1 (12.5%)	2 (25%)		8
Richey 59259	1 (50%)				1 (50%)			2
TOTAL	134 (76.1%)	3 (1.7%)	4 (2.3%)	2 (1.1%)	18 (10.2%)	15 (8.5%)	0	176

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

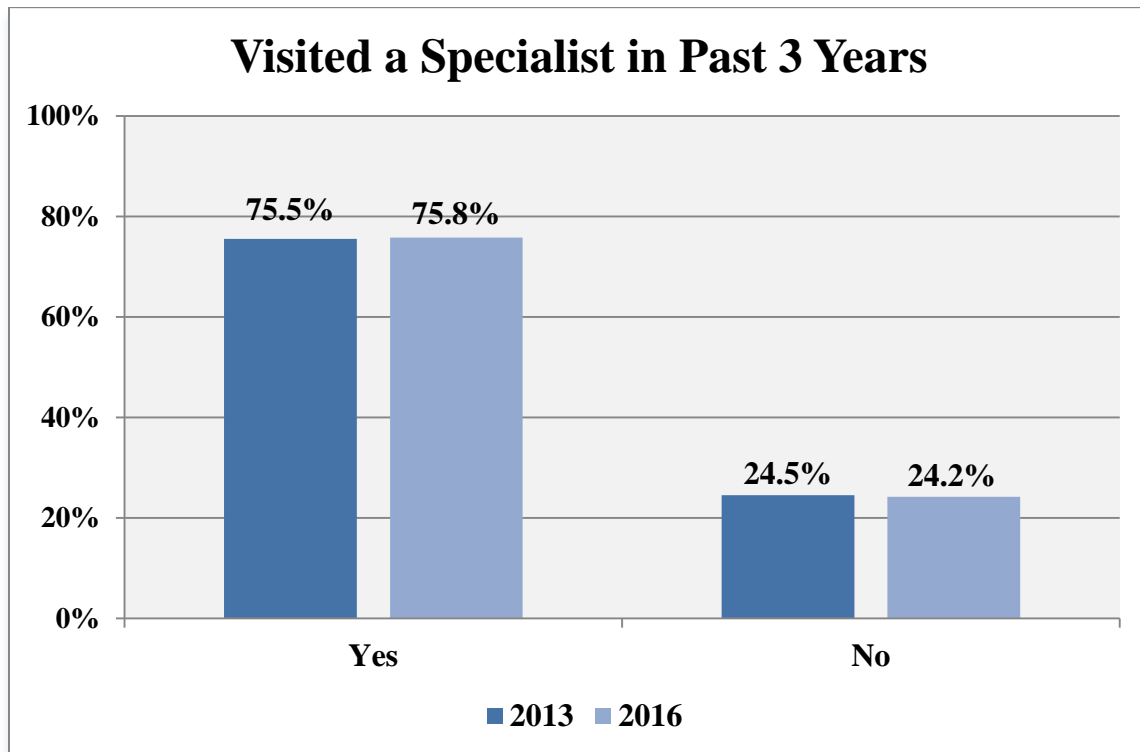
	Glendive	Sidney	Billings	Dickinson, ND	Miles City	VA	Other	Total
Appointment availability	49 (77.8%)	1 (1.6%)			6 (9.5%)	7 (11.1%)		63
Clinic's reputation for quality	8 (30.8%)	1 (3.8%)	1 (3.8%)		11 (42.3%)	5 (19.2%)		26
Closest to home	91 (88.3%)	1 (1%)			3 (2.9%)	8 (7.8%)		103
Cost of care	5 (55.6%)				2 (22.2%)	2 (22.2%)		9
Length of waiting room time	13 (59.1%)				5 (22.7%)	4 (18.2%)		22
Prior experience with clinic	53 (64.6%)	3 (3.7%)	4 (4.9%)	1 (1.2%)	9 (11%)	12 (14.6%)		82
Recommended by family or friends	30 (73.2%)				9 (22%)	2 (4.9%)		41
Referred by physician or other provider	12 (75%)		2 (12.5%)	1 (6.3%)		1 (6.3%)		16
Required by insurance plan	2 (50%)				1 (25%)	1 (25%)		4
VA/Military requirement	2 (66.7%)					1 (33.3%)		3
Indian Health Services								0
Other	20 (64.5%)		1 (3.2%)	1 (3.2%)	7 (22.6%)	2 (6.5%)		31

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

2016 N= 211

2013 N= 200

Seventy-five percent of respondents (n=160) indicated they or a household member had seen a healthcare specialist during the past three years. Twenty-four percent (n=51) indicated they had not seen a specialist and nine respondents chose not to answer this question.



Location of Healthcare Specialist (Question 21)

2016 N= 160

2013 N= 151

Of the 160 respondents who indicated they saw a healthcare specialist in the past three years, 53.1% (n=85) saw one at Billings Clinic in Billings. Glendive Medical Center was utilized by 45% (n=72) of respondents for specialty care and Holy Rosary in Miles City was reported by 21.3% (n=34). Respondents could select more than one location; therefore percentages do not equal 100%.

Location	2013		2016	
	Count	Percent	Count	Percent
Billings Clinic - Billings	73	48.3%	85	53.1%
Glendive Medical Center - Glendive	74	49.0%	72	45.0%
Holy Rosary - Miles City	29	19.2%	34	21.3%
St. Vincent's - Billings	20	13.2%	22	13.8%
Sidney Health Center - Sidney	9	6.0%	9	5.6%
VA	5	3.3%	4	2.5%
Dickinson, ND Hospitals	6	4.0%	3	1.9%
Other	27	17.9%	36	22.5%

“Other” comments:

- Bismarck, ND (10)
- Miles City (5)
- Ortho Montana (5)
- Billings (5)
- Beach, ND (3)
- Glendive (3)
- Arizona (2)
- Mayo Clinic
- Chicago
- McCone Clinic (2)
- Bozeman
- Rapid City, SD
- Sidney
- Gabert Clinic
- Kalispell
- St. Cloud, MN
- Traveling specialists

Type of Healthcare Specialist Seen (Question 22)

2016 N= 160

2013 N= 151

The respondents (n=160) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was an “Orthopedic surgeon” at 26.3% of respondents (n=42) having utilized their services. “Dermatologist” was the second most utilized specialist at 21.9% (n=35) and “Cardiologist” was third at 20.6% (n=33). Respondents were asked to choose all that apply so percentages do not equal 100%.

Health Care Specialist	2013		2016	
	Count	Percent	Count	Percent
Orthopedic surgeon	40	26.5%	42	26.3%
Dermatologist	33	21.9%	35	21.9%
Cardiologist	30	19.9%	33	20.6%
Dentist	Not asked in 2013		32	20.0%
General surgeon	19	12.6%	30	18.8%
Chiropractor	Not asked in 2013		22	13.8%
OB/GYN ¹	37	24.5%	20	12.5%
Physical therapist	20	13.2%	19	11.9%
Urologist	12	7.9%	18	11.3%
ENT (ear/nose/throat)	20	13.2%	16	10.0%
Radiologist ²	31	20.5%	16	10.0%
Oncologist	13	8.6%	15	9.4%
Gastroenterologist	9	6.0%	13	8.1%
Ophthalmologist	18	11.9%	12	7.5%
Neurologist	20	13.2%	11	6.9%
Audiologist	Not asked in 2013		11	6.9%
Allergist	7	4.6%	10	6.3%
Pulmonologist	6	4.0%	8	5.0%
Endocrinologist	3	2.0%	7	4.4%
Podiatrist	8	5.3%	7	4.4%
Pediatrician ³	14	9.3%	6	3.8%
Psychiatrist (M.D.)	6	4.0%	6	3.8%
Rheumatologist	8	5.3%	6	3.8%
Mental health counselor	Not asked in 2013		5	3.1%
Neurosurgeon	6	4.0%	4	2.5%
Dietician	5	3.3%	2	1.3%
Geriatrician	0	0	2	1.3%
Occupational therapist ⁴	8	5.3%	2	1.3%
Psychologist	6	4.0%	2	1.3%
Speech therapist	Not asked in 2013		2	1.3%
Substance abuse counselor	Not asked in 2013		1	0.6%
Social worker	Not asked in 2013		0	0
Other	9	6.0%	16	10.0%

Question 22 continued...

Statistical significance findings:

¹⁻⁴In 2016, significantly fewer respondents saw an OB/GYN, radiologist, pediatrician and occupational therapist than in 2013.

“Other” comments:

- Vision specialist/Eye surgeon (5)
- Sports Medicine/Orthopedics (2)
- Nephrologist (2)
- Oral Surgeon
- Migraine specialist
- Scoliosis specialist
- Infectious disease
- Pediatrics
- MRI
- Internal medicine
- Family practice
- Follow-up

Overall Quality of Care at Glendive Medical Center (Question 23)

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 “Cancer Outreach Center” receiving the top average score of 3.4 out of 4.0. “Surgical services,” received a score of 3.2 and “Pharmacy” and “Rehabilitation services” both received a 3.1 out of 4.0. The total average score was 3.0, indicating the overall services of the hospital to be to “Good.” Please note, every measure was shown to be statistically significant due to better response rates in 2016 (vs. non-response or skipped in 2013).

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

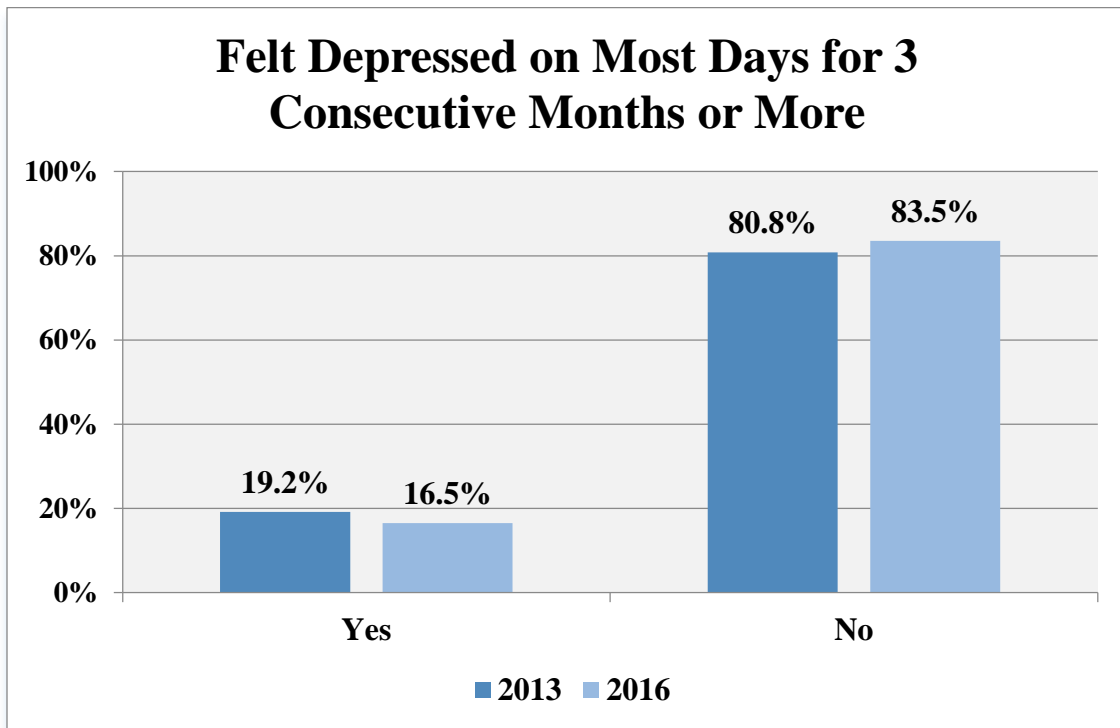
Survey Findings – Personal Health

Prevalence of Depression (Question 24)

2016 N= 212

2013 N= 208

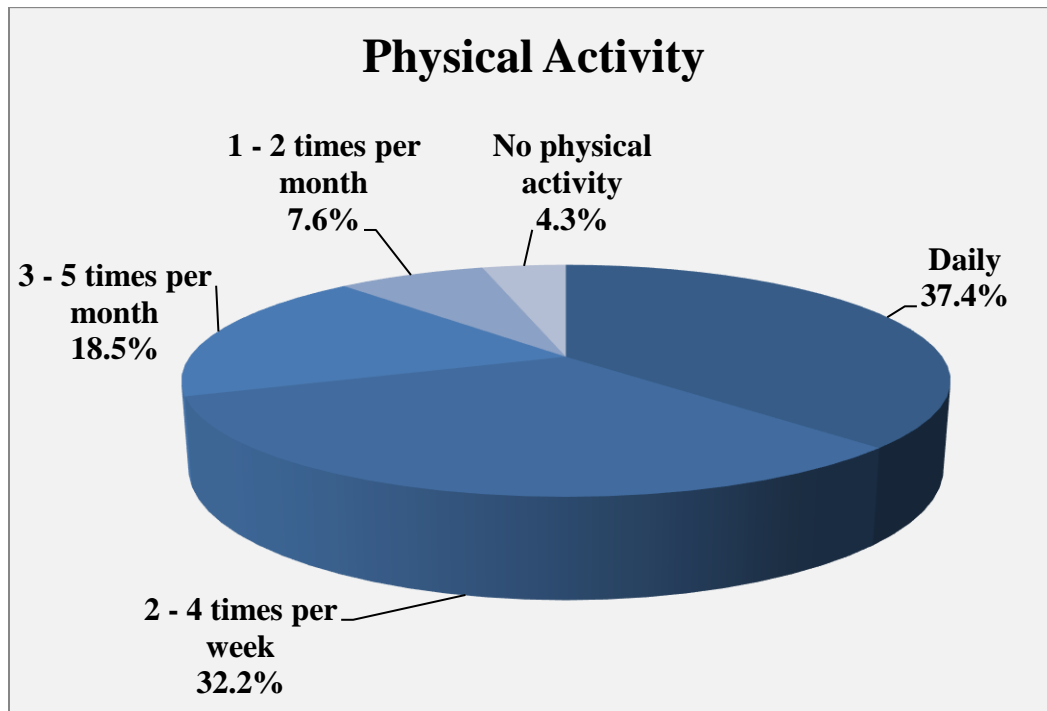
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Seventeen percent of respondents (n=35) indicated they had experienced periods of feeling depressed and 83.5% of respondents (n=177) indicated they had not. Eight respondents chose not to answer this question.



Physical Activity (Question 25)

2016 N= 211

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-seven percent of respondents (n=79) indicated they had physical activity of at least twenty minutes “Daily” over the past month and 32.2% (n=68) indicated they had physical activity “2-4 times per week.” Four percent of respondents (n=9) indicated they had “No physical activity” and nine respondents chose not to answer this question.



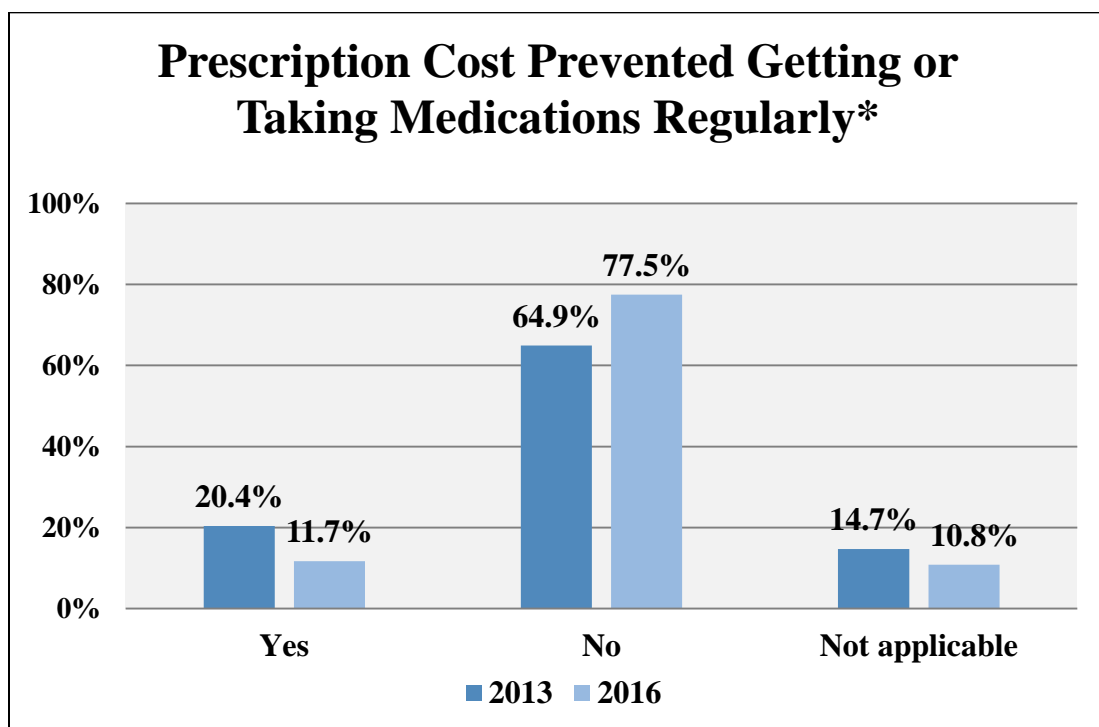
Survey Findings – Cost and Health Insurance

Cost and Prescription Medications (Question 26)

2016 N= 213

2013 N= 211

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Twelve percent of respondents (n=25) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Seventy-eight percent of respondents (n=165) indicated that cost had not prohibited them, and eleven percent of respondents (n=23) indicated this question was not applicable to them.



*Significantly fewer 2016 respondents indicated prescription cost was prohibitive to getting or taking their medications regularly.

Medical Insurance (Question 27)

2016 N= 186

2013 N= 180

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Forty-five percent (n=84) indicated they have “Employer sponsored” coverage. Twenty-six percent (n=49) indicated they have “Medicare” and “Private insurance/private plan” was indicated by 11.8% of respondents (n=22). Thirty-four respondents chose not to answer this question.

Insurance Type	2013		2016	
	Count	Percent	Count	Percent
Employer sponsored¹	66	37.6%	84	45.2%
Medicare	52	28.9%	49	26.3%
Private insurance/private plan	27	15.0%	22	11.8%
None/Pay out of pocket	10	5.6%	8	4.3%
Health Insurance Marketplace	Not asked in 2013		8	4.3%
Healthy MT Kids	4	2.2%	3	1.6%
Medicaid	0	0	3	1.6%
VA/Military	11	6.1%	3	1.6%
State/Other	6	3.3%	2	1.1%
Health Savings Account	1	0.6%	1	0.5%
Agricultural Corp. Paid	1	0.6%	0	0
Indian Health Services	1	0.6%	0	0
Other	1	0.6%	3	1.6%
TOTAL	180	100%	186	100%

¹Significantly more 2016 respondents receive health insurance through their employer than in 2013.

“Other” comments:

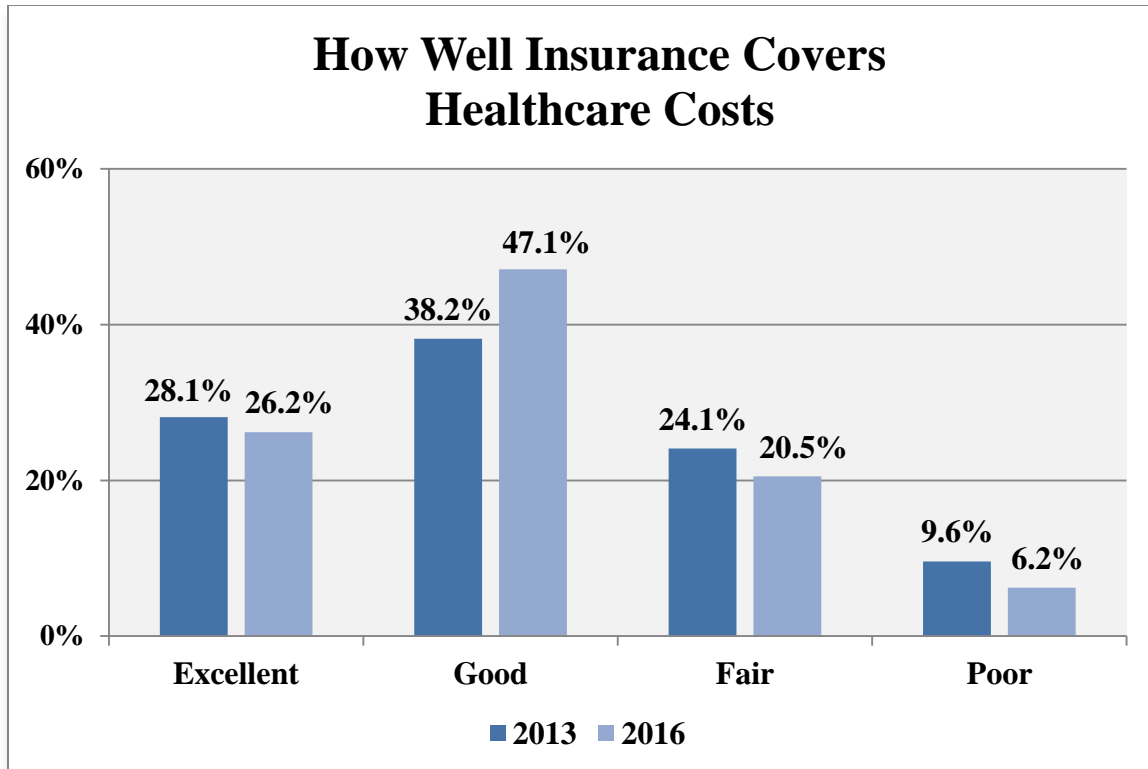
- AARP (3)
- GMC- Employee
- BlueCross BlueShield
- CHM [Christian Healthcare Ministries]
- Excellent if it is accepted by GMC

Insurance and Healthcare Costs (Question 28)

2016 N= 210

2013 N= 199

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-seven percent of respondents (n=99) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-six percent of respondents (n=55) indicated they felt their insurance is “Excellent” and 20.5% of respondents (n=43) indicated they felt their insurance coverage was “Fair.”



“Other” comments:

- As long as we don't go to GMC the cost is very affordable
- Very cost prohibitive-high deductible \$5,000 per year

Barriers to Having Health Insurance (Question 29)

2016 N= 8

2013 N= 10

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Eighty-eight percent (n=7) reported they did not have health insurance because they could not afford to pay for it and 12.5% (n=1) indicated their “Employer does not offer insurance.” Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
Cannot afford to pay for insurance	9	90%	7	87.5%
Employer does not offer insurance	3	30%	1	12.5%
Choose not to have insurance	0	0	0	0
Other	2	20%	0	0

“Other” comments:

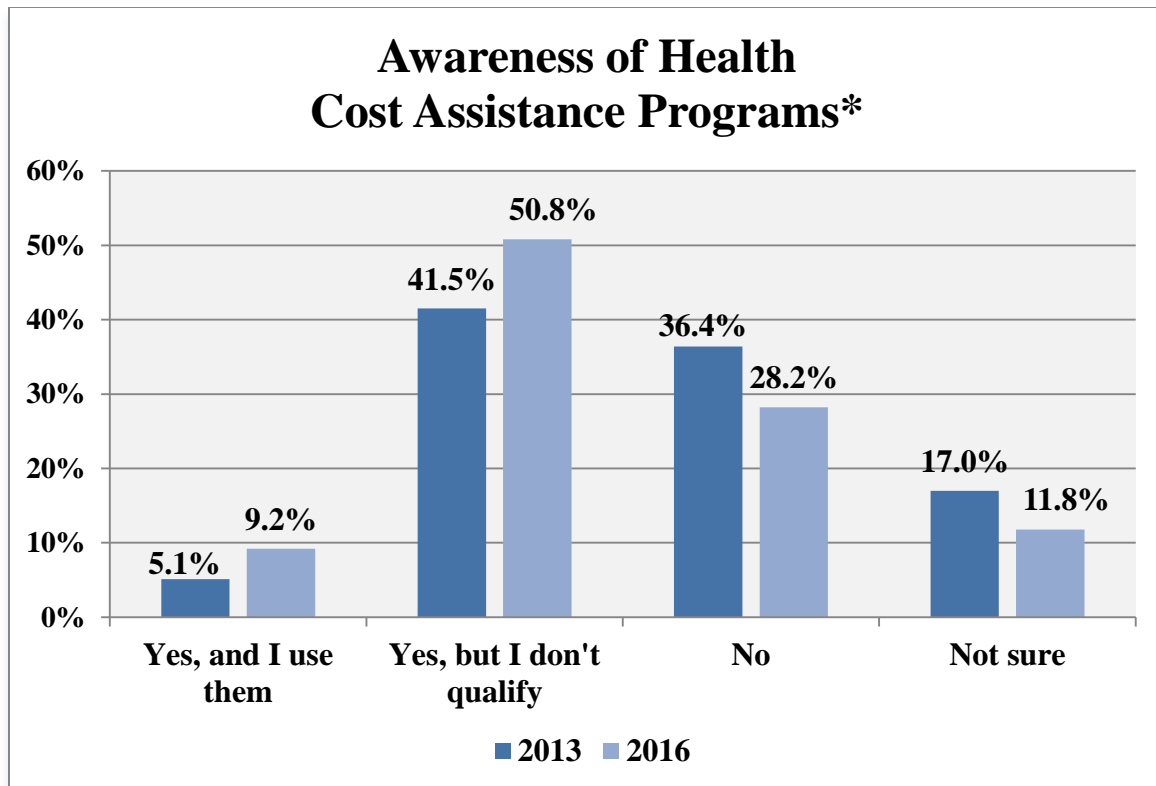
- Not available/Do not have (5)
- Cannot afford cost (3)
- Medicare doesn't cover vision or dental
- Medicaid, no vision or dental
- Vision and dental insurance pays very little for what you are charged
- We have very good medical, dental, vision coverage through husband's employer
- Go to VA

Awareness of Health Payment Programs (Question 30)

2016 N= 195

2013 N= 195

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Fifty-one percent of respondents (n=99) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-eight percent (n=55) indicated that they were not aware or did not know of these programs and 11.8% of respondents (n=23) indicated they were not sure. Twenty-five respondents chose not to answer this question.



*Significantly more 2016 respondents indicated they were aware of cost assistance programs but did not qualify to use them. Additionally, significantly fewer 2016 respondents indicated they were either unsure or not aware of health cost assistance program than in 2013.

“Other” comments:

- Will not sell my soul to the devil [selected Yes, but I do not qualify]

VI. Focus Group Methodology

Three focus groups were held in Glendive and Richey, Montana in April 2016. Focus group participants were identified as people living in Glendive Medical Center's service area.

29 people participated in the three focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. Focus groups were held at Glendive County Court House and the Richey Senior Center. Each group meeting lasted up to 90 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Amy Royer with the Montana Office of Rural Health.

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

VII. Focus Group Findings

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

Improve health of the community

- Interest in a more walkable and bike-able community.
- More community events/opportunities for people to be more physically active.
- A need for more behavioral health services was identified.

Most important local healthcare issues

- Lack of facilities/providers specific to mental health and substance abuse appeared to be major concerns for community members.
- Community members indicated a need for more mid-level providers (NPs and PAs).

Opinion of hospital services

- Quality of emergency care is viewed as excellent.
- Many community members have had unpleasant experiences with the business office.
- Community members felt that, for the size of the hospital, it offers a very nice selection of services.
- Community members indicated a need for more specialists.

Opinion of local providers

- Participants utilize local providers because it is convenient and community members have established relationships with the providers in town.
- Community members feel that the majority of providers do a great job and are very attentive.

Opinion of local services

- Community members expressed that there are services for low-income individuals and families, but that they were underutilized due to the stigma associated with using the services.
- People are appreciative of the services that the public health department offers.
- A lack of space in the nursing home and assisted living facilities was identified.

Reasons to leave the community for healthcare

- Specialty care.
- Participants indicated that many people have established care elsewhere because their providers in Glendive have left.
- Community members fear that bad experiences with the billing and business office may have driven people away.

Needed healthcare services in the community.

- Mental health services and addiction counseling.
- Pediatrician and pediatric nurses.
- Behavioral health and Alzheimer's unit for seniors

VIII. Summary

Two hundred twenty surveys were completed in Glendive Medical Center and Dawson County Health Department's service area for a 29% response rate. Of the 219 returned, 67.3% of the respondents were females, 63.5% were 56 years of age or older, and 47.6% work full time.

Respondents rated the overall quality of care at the hospital as good, scoring 3.0 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Over half of the respondents (60.7%) feel the Glendive area is a "somewhat healthy" place to live.

Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (65.9%), cancer (55%), and overweight/obesity (26.4%). Significantly more respondents identified alcohol/substance abuse to be a serious health concern than in 2013.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: weight loss (30.5%), health and wellness (29.5%), and women's health (27.7%).

Overall, the respondents within Glendive Medical Center and the Dawson County Health Department's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 75.2% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

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

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

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:

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

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

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

Resources

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

- A.W.A.R.E., Inc.
- Al-Anon & Alcoholics Anonymous (AA)
- Alzheimer Support Groups
- Billings Clinic
- Boys and 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
- Eastern MT Community Mental Health Center
- Family Planning
- Glendive Chamber of Commerce & Agriculture
- Glendive Lions Club
- Glendive Public Schools
- Glendive Recreation Department
- 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

X. Evaluation of Activity Impacts from Previous CHNA

Glendive Medical Center approved its previous implementation plan in July 11, 2013. The plan prioritized the following health issues:

- Access to healthcare services
- Chronic Disease

Access to Healthcare Services

- Develop a plan to engage providers' spouses/family.
 - An open discussion was conducted with current provider staff and families in 2013. From this discussion, a list of potential activities for spouses/families to become involved in was created. A spouse/family liaison position was developed and staffed. To enhance provider engagement, Provider Events were developed. To date, 5 provider events have been held. These events were attended by 13 providers and their families and received positive feedback.
- Develop a formal housing plan as part of the provider recruiting package to encourage providers to buy a home and become invested in the community.
 - A committee was developed in 2013 to define a plan to assist new providers as they move to the Glendive community. This formal housing plan included information regarding realty tours, referrals, and lending institutions. This plan is intended as a resource for new providers to ease their transition and help them finalize their housing plan within an allotted time period post hire.
- Create a formalized structure for community interest surveys with prospective hires.
 - A standard set of questions were created to help members from GMC align new providers/spouse/families with community organizations that would be of interest to them. This Community Interest Survey, designed to get them connected with the community, is conducted with potential provider hires. A profile is then developed which matches them with areas of interest available in the community. Additionally, GMC met and discussed with current providers their reasons why they choose to stay in Glendive.
- Improve the onboarding process for the provider and family.
 - In order to help ease the transition into a new facility, GMC developed an onboarding list. This is a checklist of items to which is reviewed with the new provider to ensure they are well oriented to their new surroundings. Communication Meetings have also been created for 30 days after the date of hire. Following the initial communication meeting, quarterly follow-up meetings are scheduled to discuss any needs, issues and follow up on any concerns.
- Assess alternative advertising strategies to aid in recruiting new providers.
 - GMC was able to utilize our collaborative relationship with Billings Clinic for better access to specialists, recruitment/retention resources and strategies resulting in more efficient delivery of health care services. GMC developed a plan internally to implement our own recruitment advertising strategies which are oftentimes very provider specific. GMC works with recruiting firms on an ongoing basis to search for providers that would be a good fit for the Glendive community.

- Interview long-term hospital employees to determine which factors influence their decision to stay in Glendive.
 - GMC convened a focus group of employees who have worked for the organization for more than ten (10) years. This group assisted GMC in creating an open-ended survey questionnaire to explore reasons for longevity in the workplace. Surveys were distributed to all staff. Results were tabulated and common themes and trends were noted and compared with information gained from exit interviews. Findings from these results were brought to the employee engagement board.
- Revise a provider-specific survey instrument to understand providers' employment satisfaction in Glendive.
 - Individuals from GMC researched provider satisfaction surveys utilized by other facilities. From that information, a survey protocol was developed that would measure providers' job satisfaction at GMC. The surveys were conducted and results and trends tabulated. Upon completion of the results, GMC will present the results of the survey to the medical staff for them to report to the Board of Directors.
- Set marketing and community outreach expectations with potential hires during the interview process as well as current providers.
 - Recruitment materials were updated to reflect current community opportunities. Because research has shown involvement within the community you work helps engage and graft you to that place, expectations were developed for new providers to get involved in community activities. These opportunities were incorporated during onsite interviews as well as during the onboarding process. In addition, marketing strategies were added to increase the awareness of health services available at Glendive Medical Center.
- Develop ongoing marketing plans for providers in order to increase community awareness of services.
 - In order to promote services new providers offer, personalized marketing plans were developed 30 days after hire. These personalized marketing plans are reviewed with the provider annually to make any changes necessary. Marketing plans are discussed during the interview process.
- Create an internal mentoring program to establish relationships between current and newly hired providers.
 - In order to help new providers feel like they are not alone, GMC developed a mentoring program. We investigated existing programs through various resources and facilities. Due to this research, we were able to develop our own mentoring program. GMC also created a feedback mechanism in which mentors present to the Medical Executive Team on how the new providers are doing during quarterly meetings.

Chronic Disease

- Provide education and services to address burdens of chronic diseases such as cancer, diabetes, and obesity.
 - To raise awareness of education and services offered through GMC we continue to provide preventative screenings (i.e. mammograms, lab tests, PSA, etc.). GMC continues to provide chemotherapy services under the direction of an oncologist and chemotherapy certified nurses. Resources and support are offered to patients being treated for cancer. As well as dietician services, physical therapy staff and Diabetes Nurse Educator available to address diabetes and obesity. Marketing strategies were developed to promote these offerings available to our community.

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Jacqui Cooley – Volunteer and Community Outreach Coordinator, Glendive Medical Center
2. Kyla Samuleson – Public Relations, Glendive Medical Center
3. Jen Fladager, RN – Dawson County Public Health Department
4. Marti Schmeling – Executive Assistant, Glendive Medical Center
5. Carol Condon – Foundation Director, Glendive Medical Center
6. Parker Powell – CEO, Glendive Medical Center
7. Sam Hubbard – Vice President of Operations, Glendive Medical Center
8. Joetta Percy – Director of Human Resources, Glendive Medical Center
9. Bill Robinson – CFO, Glendive Medical Center
10. Jill Domek – Vice President of Patient Care Services, Glendive Medical Center
11. Timber Dempewolf, RN – Dawson County Public Health Department
12. Ross Farber – Superintendent of Schools

Appendix B – Public Health and Special Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
 - Jen Fladager, RN- Dawson County Public Health
 - Timber Dempewolf, RN- Dawson County Public Health
- b. Date of Consultation
 - First Steering Committee Meeting: February 24, 2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
 - Steering Committee
- d. Input and Recommendations from Consultation
 - Tobacco use- including e-cigarettes.
 - Sexual assault is a health concern in our community
 - There are not just the typical language barriers, people may have difficulty communicating- whether that be they are deaf, visually impaired, etc.

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

- a. Name/Organization
 - Jen Fladager, RN- Dawson County Public Health
 - Carol Condon- Foundation Director, Glendive Medical Center
 - Jill Domek- Vice President of Patient Care Services, Glendive Medical Center
- b. Date of Consultation
 - First Steering Committee Meeting: February 24, 2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
 - Steering Committee
- d. Input and Recommendations from Consultation
 - Community is learning about health resources through television and social media rather than just the traditional printed information and word of mouth.
 - Access to primary care- specifically, providers is an issue.
 - People may be leaving Glendive area and going to ND for services.

Population: Youth

- a. Name/Organization
Ross Farber- Superintendent of Schools
Jill Domek- Vice President of Patient Care Services, Glendive Medical Center
- b. Date of Consultation
First Steering Committee Meeting: February 24, 2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - We should include Facebook and social media as a mode that people learn about available health services.

Population: Seniors

- a. Name/Organization
Jill Domek- Vice President of Patient Care Services, Glendive Medical Center
- b. Date of Consultation
First Steering Committee Meeting: February 24, 2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Access to primary care- specifically, providers is an issue.
 - Additional specialty services- diabetic education, sleep studies, audiology.

Appendix C – Survey Cover Letter



April 8, 2016

Please participate in our Community Health Needs Assessment survey and have a chance to WIN one (1) of five (5) \$100 Chamber Bucks certificates!

Dear Dawson County Resident:

Glendive Medical Center (GMC) and the Dawson County Health Department (DCHD) are working together to gather community feedback on the most important health needs for our community. Your response is very important because your comments will represent others in the area and will help guide us in planning responsive and high quality local healthcare services for the future.

GMC and DCHD are participating in the Community Health Services Development (CHSD) process, which includes community-based surveys to identify health needs in the community as well as gain community member's input on perceptions of health in the community. The Montana Office of Rural Health will be assisting us in completing this survey process.

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

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

Even if you do not use healthcare services in Dawson County, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. Your help is much appreciated in responding to this survey and we are offering you this chance to win \$100 in Chamber Bucks as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, MN, the organization that is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001.

Once you complete your survey, simply **return it and ONE of the raffle tickets** in the enclosed self-addressed, postage paid envelope postmarked by **May 13, 2016**. **Keep The Other Raffle Ticket In A Safe Place.** The winning raffle ticket number will be announced on GMC's website at: www.gmc.org on **May 19, 2016**.

Thank you for your assistance. We appreciate your effort.

Sincerely,

Handwritten signature of Parker Powell in black ink.

Parker Powell, CEO
Glendive Medical Center

Handwritten signature of Timber Dempewolf in black ink.

Timber Dempewolf, RN, Director
Dawson County Health Department

Appendix D – Survey Instrument

Community Health Services Development Survey Glendive, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6001.

Participation is voluntary. You can choose not to answer any question that you do not want to answer and can stop at any time.

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

(Select ONLY 3 that apply)

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

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

(Select ONLY 3 that apply)

- | | |
|---|--|
| <input type="radio"/> Access to healthcare and other services | <input type="radio"/> Immunized children |
| <input type="radio"/> Access to quality childcare | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Adequate, affordable housing | <input type="radio"/> Low death and disease rates |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Clean environment | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Community involvement | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Emergency services (police, fire, EMS) | <input type="radio"/> Strong family life |
| <input type="radio"/> Good jobs and a healthy economy | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Good schools | <input type="radio"/> Walking/biking paths |
| <input type="radio"/> Healthy behaviors and lifestyles | <input type="radio"/> Other _____ |

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

- | | | |
|---|--|--|
| <input type="radio"/> Friends/family | <input type="radio"/> Dawson County Health Dept. | <input type="radio"/> Television |
| <input type="radio"/> Healthcare provider | <input type="radio"/> Radio (KXGN, KGLE, KDZN) | <input type="radio"/> Word of mouth/reputation |
| <input type="radio"/> Mailings/newsletter | <input type="radio"/> Ranger Review | <input type="radio"/> Website/internet |
| <input type="radio"/> Presentations | <input type="radio"/> Social media/Facebook | <input type="radio"/> Other _____ |

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

- Excellent Good Fair Poor

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

- Alternative medicine (ex. Chiropractor) Pharmacy
 Dentist Dawson County Health Dept
 DME/Medical Supply Company Senior Center
 Massage therapy Other _____
 Mental Health Center

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

- Community health clinic (sliding fee option) More specialists
 Cultural sensitivity Outpatient services expanded hours
 Greater health education services Telemedicine
 Improved quality of care Transportation assistance
 Interpreter service Retention of physicians
 More primary care providers Other _____

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

- Alcohol/substance abuse Health and wellness Prenatal
 Alzheimer's Heart health Senior wellness
 Cancer Living will Support groups
 Diabetes Men's health Tobacco cessation
 First aid/CPR Mental health Weight loss
 Fitness Nutrition Women's health
 Grief counseling Parenting Other _____

9. 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

10. 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 12)**

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

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

12. Which of the following preventative services have you used in the past year? (Select all that apply)

- | | | |
|--|--|--|
| <input type="radio"/> Adult immunizations | <input type="radio"/> Flu shot | <input type="radio"/> Routine blood pressure check |
| <input type="radio"/> Child immunizations | <input type="radio"/> Health education class | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Health fair screening | <input type="radio"/> Vision |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Mammography | <input type="radio"/> None |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Pap smear | |
| <input type="radio"/> Dental | <input type="radio"/> Prostate (PSA) | |

13. What additional healthcare services would you use if available locally? (Select all that apply)

- | | | |
|--|--|---|
| <input type="radio"/> Adult daycare | <input type="radio"/> Dermatology | <input type="radio"/> Mental Health |
| <input type="radio"/> Adult transitional housing | <input type="radio"/> Diabetic education | <input type="radio"/> Nutritional services |
| <input type="radio"/> Audiology | <input type="radio"/> Dialysis | <input type="radio"/> Prenatal/lactation services |
| <input type="radio"/> Blood thinner clinic | <input type="radio"/> Doctor on Demand (web-based) | <input type="radio"/> Sleep center |
| <input type="radio"/> Cancer treatment | <input type="radio"/> ENT (ear/nose/throat) | <input type="radio"/> Wellness center |
| <input type="radio"/> Cardiology | <input type="radio"/> Independent housing | <input type="radio"/> Other _____ |

14. 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 17)

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

- | | | |
|---|--|-----------------------------------|
| <input type="radio"/> Glendive Medical Center | <input type="radio"/> Sidney Health Center- Sidney | <input type="radio"/> Other _____ |
| <input type="radio"/> Billings Clinic- Billings | <input type="radio"/> Dickinson, ND hospitals | |
| <input type="radio"/> Holy Rosary- Miles City | <input type="radio"/> St Vincent's- Billings | |

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

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

17. 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 20)**

18. Where was that primary healthcare provider located? **(Please select only ONE)**

- Glendive Billings Miles City VA
 Sidney Dickinson, ND Other _____

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

- Appointment availability Prior experience with clinic
 Clinic'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 Service VA/Military requirement
 Length of waiting room time Other _____

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- Glendive Dickinson, ND Hospitals
 Billings Clinic- Billings St Vincent's- Billings
 Holy Rosary- Miles City VA
 Sidney Health Center- Sidney Other _____

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

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

23. The following services are available at Glendive Medical Center. Please rate the overall quality for each service
(Please mark DK if you have not used the service)

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

- | | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| Emergency room | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Behavioral Health | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Cancer Outreach Center (chemo) | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Extended Care/nursing home | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| OB/GYN | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Home health/hospice | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Labor and delivery | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Laboratory | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Pharmacy | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Primary Care | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Rehabilitation services (physical, occupational, cardiac) | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Surgical services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |

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

- Yes No

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

- Daily 3-5 times per month 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 Not applicable, I don't take medications

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

(Please select only ONE)

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

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

- Excellent Good Fair Poor

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

- Cannot afford to pay for insurance Choose not to have insurance
 Employer does not offer insurance Other _____

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

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

Demographics

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

31. Where do you currently live by zip code?

- 59330 Glendive 59215 Circle 58621 Beach
 59315 Bloomfield 59262 Savage 59339 Lindsay
 59353 Wibaux 59349 Terry 59259 Richey

32. What is your gender? Male Female

33. What age range represents you?

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

34. What is your employment status?

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

Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 525 S. Lake Avenue, Suite 320 Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix E – Responses to Other and Comments

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

- Don't know

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

- High cost of healthcare (2)
- Meth
- Affordability of health care
- Inability to retain good doctors
- Filthy yards
- Lack of people taking responsibility for their health by eating whole, natural foods. Most opt for processed foods which are causing 99% of the health issues in this country. All of the health “concerns” you have listed (except accidents) can be related to an unhealthy diet and lack of exercise

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

- Activities other than drugs and alcohol
- Access to affordable healthcare
- Affordable dental care
- Health education
- Christianity

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

- Wife was CRNA [Certified Registered Nurse Anesthetist]
- Facebook
- Phonebook
- Sickness

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

- Eye doctor (5)
- None (4)
- Holistic, essential oils
- Private doctor not associated with hospital
- We go to Miles City for better care
- Gabert clinic & ER
- Alternative medicine
- Blood drawing

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

- Affordability/better payment options (x4)
- Better, more lenient/fair billing practices (x3)
- Primary care providers that actually stay in town

- Walk-in clinic hours way too limited
- Much better coordination of care and consultation of primary caregiver when patient is hospitalized
- High wage for employees in healthcare
- Urgent care
- Indoor swimming pool
- Don't know

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

- None/Not sure (2)
- I am home-bound with COPD [selected none]
- Wills
- Epilepsy
- Thyroid

11. If yes, what were the three most important reasons why you did not receive healthcare services?

- Extended wait time/communication issues (3)
- Did not want to go (2)
- Affordability (2)
- Did not trust provider
- No doctor
- Privacy violations are a continuous problem
- Always billing issues

12. Which of the following preventative services have you used in the past year?

- We go to Miles City for these needs, our doctor has been there for a long time

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

- Additional eye doctor
- Additional OB/GYN provider
- Urology
- Ophthalmology
- Sports Medicine
- I would use more if there were quality doctors
- Feel no more healthcare services are needed
- None because it costs more to go to Glendive than Miles City

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

- McCone Co. Clinic & Hospital (3)
- VA Clinic (3)
- Sanford Hospital-Bismarck (2)
- Oral Surgery and Implant- TMJ

- Black Hills Surgical Hospital.
- Cancer treatment center
- Bismarck St. Alexis
- St. Cloud CentraCare
- Circle
- Billings Clinic-Miles City
- Will not use GMC

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

- Specialty services (2)
- Sleep test (2)
- Poor experience in Glendive (2)
- Services available
- Quality of NICU [Neonatal Intensive-Care Unit]
- My workplace
- In network
- Privacy

18. Where was that primary healthcare provider located?

- Circle (9)
- Wibaux (7)
- Terry (3)
- Beach Medical Doctor (2)
- Bismarck (2)
- Baker, MT (2)
- VA Clinic Glendive
- IHS [Indian Health Services]
- Don't have one

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

- Personal choice due to doctor's attitude, overall positive feeling (9)
- Previous relationship with doctor (6)
- Permanent provider in community/Likely to stay (4)
- Negative experience in Glendive (3)
- Poor reputation of other providers (2)
- Special skills (2)
- Only pediatrician (2)
- Provider reputation for quality (2)
- Only doctor available/Other provider left town (2)
- Availability/Time to interact with doctor (2)
- FAA/DOT [Federal Aviation Administration/Department of Transportation] physician
- Reasonable payment plan
- In network

21. Where was the healthcare specialist seen?

- Bismarck, ND (10)
- Miles City (5)
- Ortho Montana (5)
- Billings (5)
- Beach, ND (3)
- Glendive (3)
- Arizona (2)
- Mayo Clinic
- Chicago
- McCone Clinic (2)
- Bozeman
- Rapid City, SD
- Sidney
- Gabert Clinic
- Kalispell
- St. Cloud, MN
- Traveling specialists

22. What type of healthcare specialist was seen?

- Vision specialist/Eye surgeon (5)
- Sports Medicine/Orthopedics (2)
- Nephrologist (2)
- Oral Surgeon
- Migraine specialist
- Scoliosis specialist
- Infectious disease
- Pediatrics
- MRI
- Internal medicine
- Family practice
- Follow-up

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

- AARP (3)
- GMC- Employee
- BlueCross BlueShield
- CHM [Christian Healthcare Ministries]
- Excellent if it is accepted by GMC

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

- As long as we don't go to GMC the cost is very affordable

- Very cost prohibitive-high deductible \$5000 per year

29. If you do NOT have medical, dental, or vision insurance, why?

- Not available/Do not have (5)
- Cannot afford cost (3)
- Medicare doesn't cover vision or dental
- Medicaid, no vision or dental
- Vision and dental insurance pays very little for what you are charged
- We have very good medical, dental, vision coverage through husband's employer
- Go to VA

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

- Will not sell my soul to the devil [selected Yes, but I do not qualify]

34. What is your employment status?

- Self-employed (2)
- Housewife (2)
- Seeking part-time
- Work from home

Appendix F – Focus Group Questions

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

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

Appendix G – Focus Group Notes

Focus Group #1

Wednesday, April 27, 2016 - Glendive, MT

16 people (3 male, 13 female)

1. What would make this community a healthier place to live?
 - More activity (outside of school sports) for school aged kids.
 - More walking paths.
 - Less bed bugs.
 - Indoor swimming pool open to the public.
 - Seniors could use this and be more active.

2. What do you think are the most important local healthcare issues?
 - In the past year, our local cancer support group has been able to help more people. Cancer is a huge issue everywhere and support is really important.
 - Prescription and illegal drug abuse.
 - Suicide.
 - We are lacking in mental health services.
 - We need more mid-level providers. We really stretch our nurses and PAs here.

3. What do you think of the hospital in terms of:
 - Quality of Care
 - I have had good quality of care, especially with my kids in the ER and in the surgery center. At the critical moment when you need it, the quality is great.
 - The care here is exceptional. My wife almost died a few years ago but her life was saved. I had a doctor come to me and say that he made a mistake. And I do not think I have ever had a doctor do that, but I think that type of openness leads to better care and more trustworthiness.

 - Number of Services
 - Closing the behavioral health unit has really had an effect on the community.
 - There needs to be more counselors. Mental health issues are getting much more complex.
 - We need more specialists like an ENT, allergy specialist, or pediatricians for instance.

 - Hospital Staff
 - I had two babies there and everyone did a great job.
 - I had surgery there and they were very attentive.
 - The one area that is lacking is that the providers from the clinic rarely have the same nurse working with them. And I feel that knowing and being familiar with the nurse is almost as important as knowing your doctor. So I think that not having the same nurse lowers the quality of care because you are not able to build your relationship with the provider and the staff.

Hospital Board and Leadership

- Any person who serves on a hospital board has to have a thick skin and they have to be prepared for criticism.
- I feel that it would be good for the upper-level folks in administration to be more visible in the community. I think I only really see them when it is a hospital-specific event and it would be good for people to see them outside of hospital activities. I think that dialog just builds better trust within the community.

Business Office

- We have struggles.
- They often just check the wrong box because they are not paying attention.
 - They are constantly making this mistake over and over again and the people who are getting these bills may not know it is not their responsibility.
- These terrible experiences make people want to seek care elsewhere.
- I think that some of the people working there need to be trained more in customer service and a lot of people they have in that office are not trained and do not have those soft skills, so they are not professional.
- I help a lot of seniors look through their medical bills and it is a huge mess.
- My husband is a veteran and when he when he got care at GMC, the VA said they needed more documentation. GMC told me they would take care of it, but I called a month later and they still have not taken care of it. I honestly do not know when or if it will get resolved.

Condition of Facility and Equipment

- Excellent.

Financial Health of the Hospital

- It worries me as a resident to see that sometimes bills will be sent a year or more after I got services. How are they keeping good cash flow if they are so behind in their billing?

Cost

- I think that is a bit of a loaded question, but I do not think they are higher here than anywhere else.
- It is hard to compare them to other facilities.

Office/Clinic Staff

- Kudos to them because they have to ask everyone for copayments and they are always polite and they smile and they are respectful. I think that would be a hard position to be in.
- I have never had a bad experience with them.
- They are very friendly.

Availability

- As a current patient, my next appointment will be in late June.
 - That's a really long time to wait.

- The walk-in clinic has been exceptional. I had two kids go in this week and maybe waited a total of 30 minutes.
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- It's close to home.
 - Convenience.
 - Quality. If it was not high quality, then it would not matter if they were close.
 - People cannot build good relationships if they have to drive out of town for services and I think you can build a better relationship with your doctor at home.
 - It is friendlier and less formal.
5. What do you think about these local services:
- Emergency Room
- I have had good experiences.
 - I had the best ER experience of my life when I brought my mother in.
 - They are really good, but I found that it was not as good when I came in at a shift change. Those nurses are just so tired by the end of the shift; I think they made me wait 30 minutes for the shift change just so they would not have to deal with me.
 - The nurses who help with sexual assault victims do an absolutely wonderful job. That whole process can be very overwhelming for the victim and they do a great job with them.
- Ambulance Service
- Right now we have fourteen EMTs on the roster, but there is only about five of us who step up to the plate regularly. We need more and we want to host an EMT class this summer so we can get some more people trained up.
- Healthcare Services for Senior Citizens
- Quality mental health providers for seniors who are qualified in dementia and memory would really augment senior care. We have seniors who have to go to other communities to get care and they are already dealing with so much confusion, so forcing them to move could make their conditions worse.
 - I think the bus service is wonderful.
 - There is an education issue in this population. I have seen three traumatic injuries which ended in death and saw the spouses get asked to make end of life decisions for their loved ones quickly and it was heartbreaking.
 - We need to have a brown bag education session on this.
 - People need to have these discussions when they are well.
 - You can have living will and a DNR but the only thing the hospital can honor is called a POLST. Elderly people do not know this. The DNR is only good in the facility that it was signed in.
 - There was a meeting here in town and they had people from the hospital, a lawyer, and the mortician come talk about this stuff.
 - Nobody wants to talk about it, but it needs to be addressed in our community.

- The auxiliary is a strength for the senior community. Those volunteers keep seniors in their homes longer and their care for each other keeps them active and healthier longer.
- The senior center is very active. There are always people there.
- We have a gap in senior living, especially for low income folks. We also do not have a lot of transitional level care. There needs to be a gradual increase of care available here. This is a huge need in the aging community.
 - In Bozeman, there is a place that allows for this. So if one spouse needs more care, then he can get it and the other can still live independently.
 - We need a place that has the activities and the socialization.

Public/County Health Department

- They are visible across the community and they are very active. They were so helpful in getting my kids up-to-date on their immunizations and it is nice to be able to get a single printout for them.
- If I had to use one word to describe them, it would be: proactive!
- The blood screens they offer are just amazing.

Healthcare Services for Low-Income Individuals/Families

Not asked.

Nursing Home/Assisted Living Facility

Not asked.

Pharmacy

Not asked.

6. Why might people leave the community for healthcare?
 - Specialty services.
 - Some people want a female doctor for gynecological services.
 - There was a time when the hospital was not very stable and people have established their care elsewhere.
 - I think that some of the billing issues may have driven people away.

7. What other healthcare services are needed in the community?
 - Pediatrician.
 - Pediatric psychology.
 - A plane for emergency care. There were some private companies based out of North Dakota during the boom, but they charge a huge fee – something like \$80,000. Billings Clinic has their own plane and only charges around \$13,000, but it takes more time. It is such an unforeseen cost that patients are not aware of – so people need to be educated on the costs of the various options around here.

Focus Group #2

Wednesday, April 27, 2016 - Glendive, MT

5 people (0 male, 5 female)

1. What would make this community a healthier place to live?
 - For the Building an Active Glendive committee, one of our goals is to build a more walkable and bike-able community. So we are trying to minimize the use of travel via four wheels and we are working on it because it provides such great health and economic benefits.
 - I have a different perspective – but the number of mental health providers in this area are very limited. I think we would have a healthier community if we had a larger and more diverse supply of providers – we really need addiction specialists and more counselors.
 - With addiction counseling, we would need to have inpatient services, which we do not have anymore. But we can hardly get anyone into Rimrock and we hardly have outpatient providers – we do have drug/alcohol services here, but they are so overrun. And our one psychiatrist does not do addiction counseling.
 - At Jefferson Elementary, we need to start kids walking early, but parents have to drive their kids to school because it is so congested out there and it is terrible because there is no safe way to walk over there.
 - On Merrill Ave with the Sunrise neighborhood and the Grandview apartments – people moved into the area and are trying to walk to the laundromat, but it is a four-lane road with no shoulder or sidewalk.
 - I think we are getting highway funds for that, but it is a seven year process and we are only two years into it.
 - Even in the urban areas, sidewalks are not required.
 - Only the downtown has sidewalk requirements.
 - But all the new multi-family housing has nothing in terms of sidewalks.

2. What do you think are the most important local healthcare issues?
 - Confidence in our healthcare system is declining.
 - I am more of an outsider and I have seen that– I have heard things that people are saying like, “I wouldn’t go to Glendive to get treated.”
 - In my role, I see a lack of general health knowledge and health literacy. It just seems really low in our population and we see the effects because people do not take care of themselves. There are individuals who do not know how to take a temperature or properly dose cold medicine for their kids.
 - Trying to get health personnel out here is an issue.
 - And the changes in insurance with Obamacare has been really difficult on the community. A lot of people will utilize the ER as opposed to using the clinic because of the insurance change – they think that using the ER will not cost them anything, so they tend to use the ER more now.
 - The walk-in clinic has issues of their own. Part of it is because you know who you are going to get. You can call and ask who the provider is and they will not tell you and there are a few providers that you do not want to get. So people will drive to Miles City or Sidney.

- I know that the walk-in clinic for Holy Rosary has been really successful.

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

Quality of Care

- I think it depends on where you go and who you see.
- I think there are some pretty outstanding providers here.
- I think their ER services are excellent.
 - And their inpatient is really good. Collaboration between the health department and GMC has greatly improved in some aspects, but I do not know if it is across the board with other organizations.
 - o I would say no.

Number of Services

- I think that, for the size of the hospital, it offers a very nice selection of services.

Hospital Staff

- I think they are awesome. I think Dr. Reske and Dr. Leal are awesome. And the staff is amazing.

Hospital Board and Leadership

- I have not heard a lot of good things about leadership. I personally cannot say from my own perspective, but all I see are outcomes. And I have to say that some of the outcomes are a little iffy.

Business Office

- I just spent a couple of hours with them on the phone. They are not well informed. They are not able to answer questions and their billing practices are incredible as in “I can’t believe it.” I received a bill a year after my exam and a letter saying they would turn me over for collection. But I had never gotten a bill before and the letter stated that they knew they had not yet billed me.
- I got a call from GMC asking if I wanted to pay a bill and it was from 2014 and I did not know where that bill had even come from.
- My ex-husband asked me about a bill he got and it was from 2014 and it came with the collection notice and they told us they had not even billed us before.
- My bill came from Great Falls – they outsource their billing. I always pay my bills on time, so I was anxious because I did not want to get turned to collections, but I was confused with the mailing.
 - It damages GMC’s credibility – you are blind sighting people with these bills and collection notices.
 - And for those of us who pay our bills regularly, it panics you when you get those notices.

Condition of Facility and Equipment

- I think they have pretty up-to-date equipment.
- The surgery department is beautiful.
- To me, it is pretty remarkable to have an MRI, even though it is not the prettiest thing.

Financial Health of the Hospital

- I think it is struggling.
- I think it is poor.
- I work with health insurance and it is kind of a nightmare getting them to pay for anything, so I do not know how GMC functions. The insurance companies will do anything to not pay.
- I think they have some insurance professionals there, but still it seems that you just have to write some stuff off because they do not have the time to fight and resubmit claims. And we depend on those funds, but it is the healthcare system that's a nightmare.
- We are letting insurance drive the care we get and what we do on a daily basis.

Cost

- They seem a little high.
- I think they are appropriate for the services I have had.

Office/Clinic Staff

- Not extremely friendly and need more education.
- I had a pretty good experience and I did not have any problems.
- I went in for my shoulder but no one was there, so I cannot say.

Availability

- If you see certain people, you can get in.
- Sometimes you have to bypass the schedulers and work with the nurse. I do not know if that is right either because I do not know how they have time to do patient care and plug in people for appointments. Why do you have an appointment desk if you cannot get what you want anyways and have to bypass the desk?
- They always keep a couple of emergency slots open just in case.

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

- We do not use GMC anymore because there have been some discrepancies in billing – I have had enough. And I just saw them in March, so I have had enough.
- It depends on my schedule. If the appointment time is convenient for my commute, I will use GMC. But if it is not, then I go to Miles City.
- I use them.
- I use them but I have to travel to Wibaux to get in with the provider I want.

5. What do you think about these local services:

Emergency Room

- Awesome.
- Very good.

Ambulance Service

- Excellent.
- No experience, so I do not know.

Healthcare Services for Senior Citizens

- My experience with that is not in this county.

Public/County Health Department

- We need more public recognition for them. People do not know what they are or what they do – there needs to be more education.
- Their philosophy seems to be, “If you are doing the job well, then no one should know you are doing it.”
 - But a lot of people do not know what the health department has in terms of immunizations, communicable diseases, and family planning – they have really struggled with getting the word out about services offered.
- People know they can get free or reduced care and the health department gets a lot of referrals from our providers because they know that the department provides things like IUDs.

Healthcare Services for Low-Income Individuals/Families

- I think the availability is there, it is just not utilized.
 - I do not know that they know the availability is there.
- And some of them are avoiding the use of any type of public service and they do not want to be in the system. They just do not always know what is available or they feel they are being treated differently by healthcare providers.
- I see a little bit of people worrying about walking in the building because they are afraid of the stigma attached with using the family planning services. That is why they rearranged the entrance.
 - It is still a barrier because they have to check in with someone who is not with public health.

Nursing Home/Assisted Living Facility

- I think there is bed availability – it is nice that there is availability if it is needed.
- I think Grandview is pretty full – typically there is a waiting list.
- And now the Makoshika Estates have been condemned, so people are having to move. So in terms of independent living, we have been hit pretty hard. It is going to be several million dollars to fix the structural issues with the building, but I think it is going to be bulldozed.
- I do think the extended care in town would benefit from an Alzheimer’s unit, because they cannot accept people with severe Alzheimer’s.
 - The veteran’s home has a unit – but you have to have that connection.

Pharmacy

- I do not have much experience with them.
- They are very biased when it comes to providing Plan B for women – they are mostly men and they will not provide it. They will refuse to provide Plan B. It is not readily available, so people will come to the health department. If you get the right pharmacist, like a woman, maybe you can get it. But you still have to ask for it on the counter even though it is supposed to be available on the shelf. People can go to the

pharmacy at GMC and I think they do have Plan B, but it is still not on the shelf – you have to ask for it.

6. Why might people leave the community for healthcare?

- Lack of confidence in GMC.
- Past bad experiences.
- My biggest beef with GMC is that you cannot get the doctor that you want in a timely manner because if you call and you ask for a certain provider then you get told he/she is not there, but you can drive to Wibaux. Everyone is frustrated because they will establish with a provider, but then they will get sent to outlying clinics. I do not fault them for that since it is good to offer services in the outlying places, but if someone is doing a good job like Penny or Carleen and you cannot get them, then you are sent to someone else. And it is frustrating because you do not want to have to start all over with your history or get a new blood pressure medication because a different provider has another opinion on your condition.
- I have kids out of town so I will go where they live.

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

- Behavioral health and the Alzheimer's unit.
- Mental health.
- Addiction counseling.
- Pediatrician and pediatric nurses. It is hard to keep pediatric services here because of the staffing needs for it.
- From a planning perspective, I do not know how much of it is because of the hospital or just because of where we are in terms of having such a small population.
 - Telemedicine has been huge to fill a gap here.
- This is a hard place to live and get providers to want to live here. They want a six figure salary and to live on a beach somewhere, so I do not blame them.
 - I think that we have had some really good doctors here, but it seems that they butted heads with the administration when it came to needing time off or not having to work 24/7. And the administration was mandating ten minute clinic visits and I think we have lost doctors to those demands. The providers just could not put up with it anymore and they wanted a life.
 - You get into a rural setting and they just expect you to be always on duty, but the doctors have a life too – they are just working too many hours because it is an expectation of the facility.
- I think they should bend over backwards to keep the doctors here.
 - It was a huge loss to lose some of our providers, but we knew that there was a good reason they left.

Focus Group #3

Wednesday, April 27, 2016 - Richey, MT

8 people (4 male, 4 female)

1. What would make this community a healthier place to live?
 - Have a doctor here.
 - Or a PA.
 - We used to have someone from Circle come here once a week.
 - And we used to have folks come from Sidney.
 - The two people in Circle cannot keep up.
 - Did we ever get an EMT here? I think we have two – but they may have retired or left.
 - We need more EMTs here.

2. What do you think are the most important local healthcare issues?
 - We have a variety of those.
 - I do not know that you can name one.
 - The issue is getting to someplace else [transportation]. Do you not think that the biggest issue is getting assistance if you need it?
 - Transportation is bad. Getting to a doctor is bad.
 - And getting an appointment to see a doctor is bad.
 - Just like any other rural place, if you have a car accident or something, getting the ambulances here, and getting to a doctor is a challenge.
 - We have the drivers and first responders, just not the EMTs. I do not think we have any EMTs here now actually.

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

Quality of Care

- I think it is good.
- We do not use the doctors at GMC, so we do not know
 - We go to Sidney – most of us go to Sidney or Circle.
 - For the eye doctor and that kind of stuff, we will go to Glendive.

Number of Services

- They have got a lot of doctors there, so that is good.

Hospital Staff

- Do not know.
- All of their good doctors that I had are now gone.

Hospital Board and Leadership

- Do not know.

Business Office

- Do not know.
- Everyone is on Blue Cross or Medicare.

Condition of Facility and Equipment

- It is up-to-date, that is for sure.

Financial Health of the Hospital

- Do not know.

Cost

- It is high.

Office/Clinic Staff

- They seem nice and polite.

Availability

- Sometimes you have to wait before you can actually go for the appointment.
- They have a dermatologist who comes sometimes. But there are always too many people who need to see them.
- The visiting specialists are booked solid – if they could come more often or have another specialist from that same specialty come, then that would be good.
- They sent me to Glendive from Circle to have a CT scan – they did a very good job.

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

- Circle is a lot closer and I have been going there for years, so I know the people and they treat you like family there.
- All the doctors we used in Glendive left, so we just quit going there.
- It depends on what you go for – I go for my eyes to Glendive. They have got a new optometrist, so I go to him.
- But they seem to have had a lot of turmoil in terms of the leadership, so it seemed like doctors were leaving because of the turmoil. You do want a little stability when you go there and if you have questions about how the organization is being run and do not understand why the facility cannot keep the doctors there, then it is not good. There seems to be a lot of discord. Seems like there is a lot of disruption there. I was in the hospital for a couple of days and my sister was there for a while, the people were really good and the nurses seemed like good people. We had three grandchildren born there and those people did a good job. Our fourth grandchild was born in Dickinson because my daughter stayed with the doctor, who moved, and the pediatrician also left.
- And Circle does not have a doctor either. They had a traveling doctor there for a while.

5. What do you think about these local services:

Emergency Room

- I have never been there.

Ambulance Service

- We have our own, but we wish we had more EMTs. I personally believe that, in our small town, if you need help, someone is going to come to your aid. I had someone

here to help within two minutes when I called for help. There was one EMT and the rest were first responders, but they responded really quickly.

Healthcare Services for Senior Citizens

- Is there a geriatric specialist in Glendive? I know that one doctor who did leave specialized in geriatrics.

Public/County Health Department

- They come out for blood draws, blood pressure, and flu shots.
- There was a time where we had a hard time getting them to show up, but they changed leadership and now they are really good.
 - They dragged their feet coming up, but now they are good.
- And now with the walk-in clinics, it has been very helpful to folks.
- Someone comes out to cut toenails and they did an exercise thing. So the last couple of years, the health department has been immensely better.

Healthcare Services for Low-Income Individuals/Families

- Do not know.

Nursing Home/Assisted Living Facility

- Grandview is the only one I know anything about, and everyone seemed to really enjoy it there.

Pharmacy

- It is probably not the pharmacy's fault as much as it is the post offices'. We have a huge problem getting our prescriptions mailed out timely.
 - When I had my cold, I got overnight service out of Sidney by the post office.
- If you called the pharmacy in Sidney by 1 pm, then you could get your medications the next morning. But, they changed the route so now it takes longer.
- There is no pharmacy in Circle, so we have to go to Sidney, Miles City, or Glendive. Sometimes it is faster to get medications in Miles City, which seems stupid.
- I use the Shopko in Sidney and they are wonderful.

6. Why might people leave the community for healthcare?

- Circle is closer.
 - Or people have gone somewhere else for a while.
- I think there is probably an equal amount of people here who use GMC versus not using it.
- The turmoil I saw in Glendive was off-putting, so I did not want to go there.
- Even if you go elsewhere like Circle or Sidney, they still send you somewhere else like Billings because they cannot handle a lot of things.

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

- If we could get a doctor here even one day a week, then that would be great. But I know there is a shortage of doctors. In the old days, it worked well because the doctors were all general practitioners, but now everyone is a specialist.

- I think that people are not going into general practice anymore because they are more open to lawsuits. You do not see much of the general practitioners anymore because it is so costly for them in terms of insurance.

Appendix H – Secondary Data County Health Profile

Dawson County
Secondary Data Analysis
July 23, 2012



Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

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

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

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

⁴American Diabetes Association (2012)

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

Chronic Disease Hospitalization Rates	County	Montana
Stroke ¹ <i>Per 100,000 population</i>	169.7	182.2
Diabetes ¹ <i>Per 100,000 population</i>	108.5	115.4
Myocardial Infarction ¹ <i>Per 100,000 population</i>	193.7	147.3

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

Demographic Measure (%)	County			Montana			Nation ^{5,6}		
Population ¹	8,490			989,415			308,745,538		
Population Density ¹	3.6			6.7			Not relevant		
Age ¹	<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
	6%	62%	18%	6%	63%	14%	7%	62%	13%
Gender ¹	Male		Female	Male		Female	Male		Female
	49.8%		50.2%	50.1%		49.9%	49.2%		50.8%
Race/Ethnic Distribution	White ¹			91.5%			72.4%		
	American Indian or Alaska Native ¹			6.8%			0.9%		
	Other † ¹			1.7%			26.7%		

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

⁴County Health Ranking, Robert Wood Johnson Foundation (2012)

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

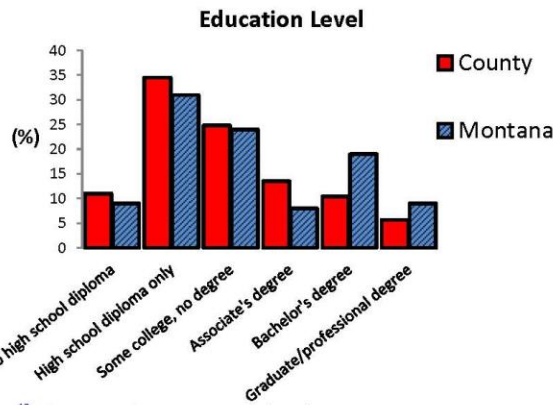
⁶US Census Bureau (2010)

Dawson County
 Secondary Data Analysis
 July 23, 2012

Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8}
Median Income ⁴	\$43,678	\$43,000	\$51,914
Unemployment Rate ⁷	3.5%	6.3%	7.7%
Persons Below Poverty Level ¹	14.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	17.5%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

¹Community Health Data, MT Dept of Health and Human Services (2010)
²Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

⁸Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)
⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	Region 1	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,++} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	23.9% (County)	64.3%
Tobacco Use ¹	20.5%	19.3%
Alcohol Use (binge + heavy drinking) ¹	24.8%	22.8%
Obesity ¹	26.8%	21.6%
Overweight ¹	37.8%	37.8%
No Leisure time for physical activity ¹	27.9%	20.7%

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

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

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

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

Screening ¹	Region 1	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	79.5%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹	69.2%	71.9%
Diabetic Screening ⁵ Percent of Medicare enrollees who received HbA1c screening	Blood Stool ²	21.8%
	Sigmoidoscopy or Colonoscopy ³	44.8%
	83.0% (County)	79.0%

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

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

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
Suicide Rate per 100,000 population ¹	18.7	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	46.9	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	7.4%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	25.8	19.0	17.5
Diabetes Mellitus ²	53.9	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	6.9 (Region 1)	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	84.2%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	11.9	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	6.5%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	4.1 (Region 1)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	2.8 (Region 1)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	9.0%	10.1%	12.5%

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

⁹Montana KIDS COUNT (2009)

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

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

Economic Impact Assessment

Demographic Trends and Economic Impacts: **A Report for Glendive Medical Center**

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

Introduction

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

Section I Location Quotients

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

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

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

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

Hospitals Location Quotient (compared to State of MT) = 1.29

Hospitals Location Quotient (compared to U.S.) = 1.49

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Dawson County, both the state and national location quotients are above one, indicating that hospital employment is about 29% larger than expected given the overall size of Dawson County. In 2010, Glendive Medical Center accounted for 6.9% of county nonfarm employment and 9.2% of the county's total wages.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Dawson County’s employment patterns mirrored the state or the nation. Glendive Medical Center averaged 237 employees in 2010. This is 53 more than expected given the state’s employment pattern and 77 more than expected given the national employment pattern.

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

Section II Age Demographics

The 2010 Census reported that there were 8,966 residents of Dawson County. The breakdown of these residents by age is presented in Figure 1. Dawson County’s age profile is similar to that of many rural counties in Montana. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the baby bust, a period of lower birth rates. The baby bust in many rural Montana counties, including Dawson County, is exacerbated by the tendency for young people to leave these counties for more populated areas. Perhaps the current oil boom will work to reverse this trend. Note the scarcity of 30 to 44 year olds in Dawson County. After the baby bust came the echo boom, consisting mainly of the children of the baby boomers. The echo boom is also noted in Figure 1 in the large number of 15 to 29 year olds.

Figure 1: Age Distribution of Dawson County Residents

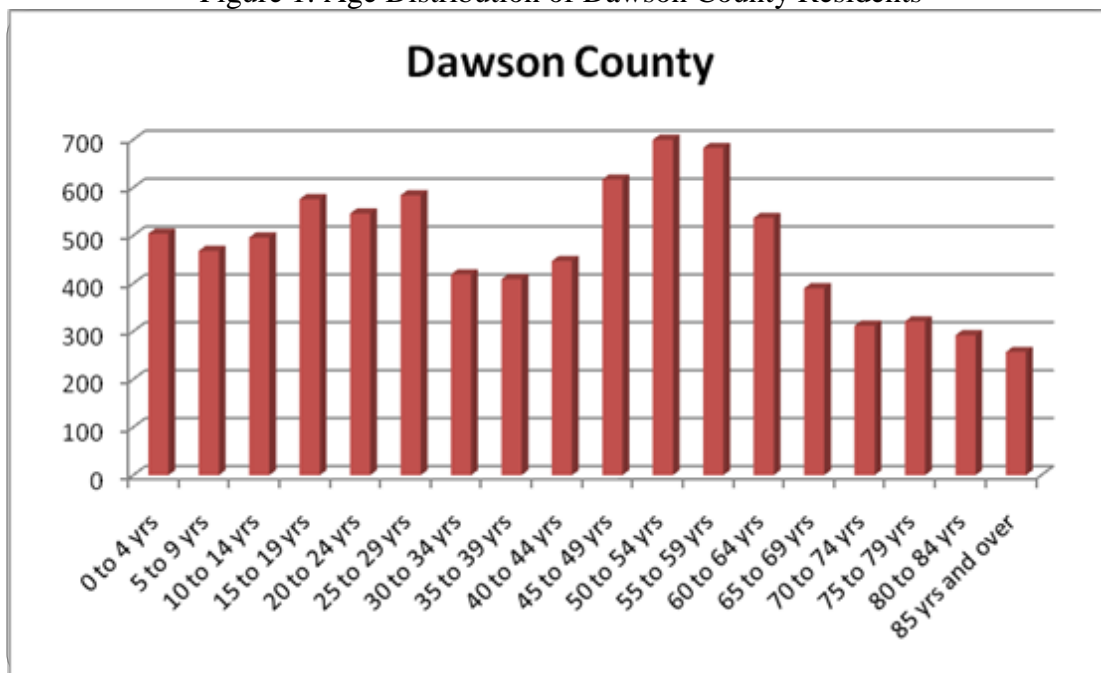


Figure 2: Percent of the population by age groups, Dawson County vs. Montana

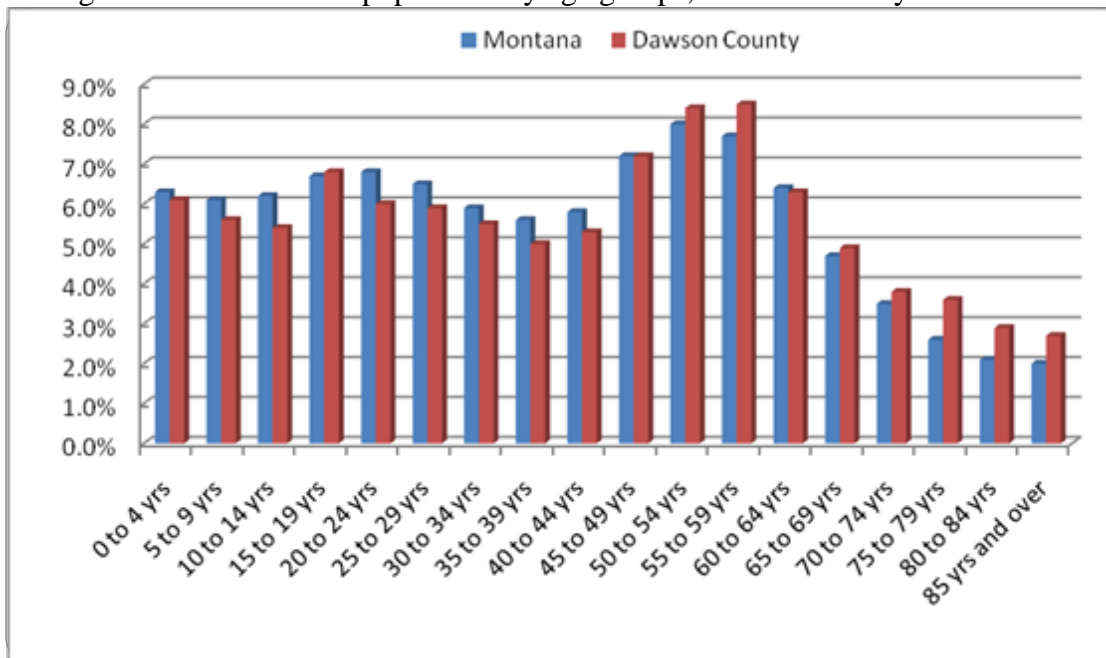


Figure 2 shows how Dawson County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that compared with the State as a whole, Dawson County has a lower proportion of people 20 to 44 years old (27.7 percent vs. 30.6 percent) and a higher percentage of 45 and older (48.3 percent vs. 44.2 percent). According to the 2010 Census, Dawson County had a median age of 43.5 compared with 39.8 for Montana as a whole. As the baby boomers reach senior citizen status, it is likely that healthcare utilization per capita will increase. These demographic statistics are important when planning for healthcare provision both now, and in the future.

Section III Economic Impacts

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

The amount of jobs and income in a local community attributable to a particular industry sector can be determined by calculating its employment and income multipliers. Industries with the highest multipliers generally are those who buy supplies, services, and labor from the local community, sell products and services outside the local community, and pay a high income to their employees. Although hospitals in rural areas do not usually sell their services to non-residents, they

can still generate significant multiplier effects for their communities given that much of their funding comes from outside the region in the form of public and private insurance reimbursements. The relatively high wages earned by hospital employees also tend to boost hospital's multipliers.

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

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

Hospital Employment Multiplier = 1.31

Hospital Employee Compensation Multiplier = 1.23

Hospital Output Multiplier = 1.31

What do these numbers mean? The employment multiplier of 1.31 can be interpreted to mean that for every job at Glendive Medical Center, another .31 jobs are supported in Dawson County. Another way to look at this is that if Glendive Medical Center suddenly went away, about 74 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 237). The employee compensation multiplier of 1.23 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 23 cents of wages and benefits are created in other local jobs in Dawson County. Put another way, if Glendive Medical Center suddenly went away, about \$2,287,928 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by Glendive Medical Center, output in the county increases by another 31 cents.

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

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

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