2022

COMMUNITY HEALTH NEEDS ASSESSMENT

Glendive, Montana

*Assessment conducted by **Glendive Medical Center** in cooperation with the Montana Office of Rural Health*

Glendive
Medical
Center

MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

Table of Contents

INTRODUCTION

Introduction

Glendive Medical Center (GMC) is a 25-bed acute care Critical Access Hospital (CAH) and attached 56-bed skilled Extended Care facility based in Glendive, Montana. Glendive Medical Center is the only hospital in Dawson County and provides medical services to a population of over 9,000 people spread over 2,300 square miles. Glendive Medical Center's primary service area includes the communities of Glendive, Lindsay, Bloomfield, Wibaux, Terry, Circle, Richey, Savage, and Beach ND; with most of the County's populated communities located along I 94, US 200S or US 254. Dawson County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.

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

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

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

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

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

In April 2022, GMC's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey

instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked.

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

Health Assessment Process

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

Survey Methodology

Survey Instrument

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

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

Sampling

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

Zip Code	Population[1]	Community Name	Total Distribution	# Male	# Female
59330	5126	Glendive	648	324	324
59353	600	Wibaux	53	26	27
59215	481	Circle	25	13	12
59259	186	Richey	16	8	8
59349	694	Terry	14	7	7
59339	145	Lindsay	14	7	7
59262	268	Savage	11	5	6
59315	86	Bloomfield	11	6	5
59326	107	Fallon	8	4	4
Total	7693		800	400	400

[1] US Census Bureau - American Community Survey (2019)

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

Information Gaps- Data

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

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

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

Limitations in Survey & Key Informant Interview Methodology

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

Conducting key informant interviews in addition to the random sample survey allows for a more robust sample, and ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, assists in reaching segments of the population that might not otherwise respond to a survey.

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

Survey Implementation

In April 2022, a survey, cover letter on Glendive Medical Center's letterhead with the Chief Executive Officer's signature, and a postage paid envelope were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to the local newspaper as well as social media postings prior to the survey distribution announcing that Glendive Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred thirty surveys were returned out of 800. Of those 800 surveys, 60 surveys were returned undeliverable for a 17.57% response rate. From this point on, the total number of surveys will be out of 740. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 8.52%.
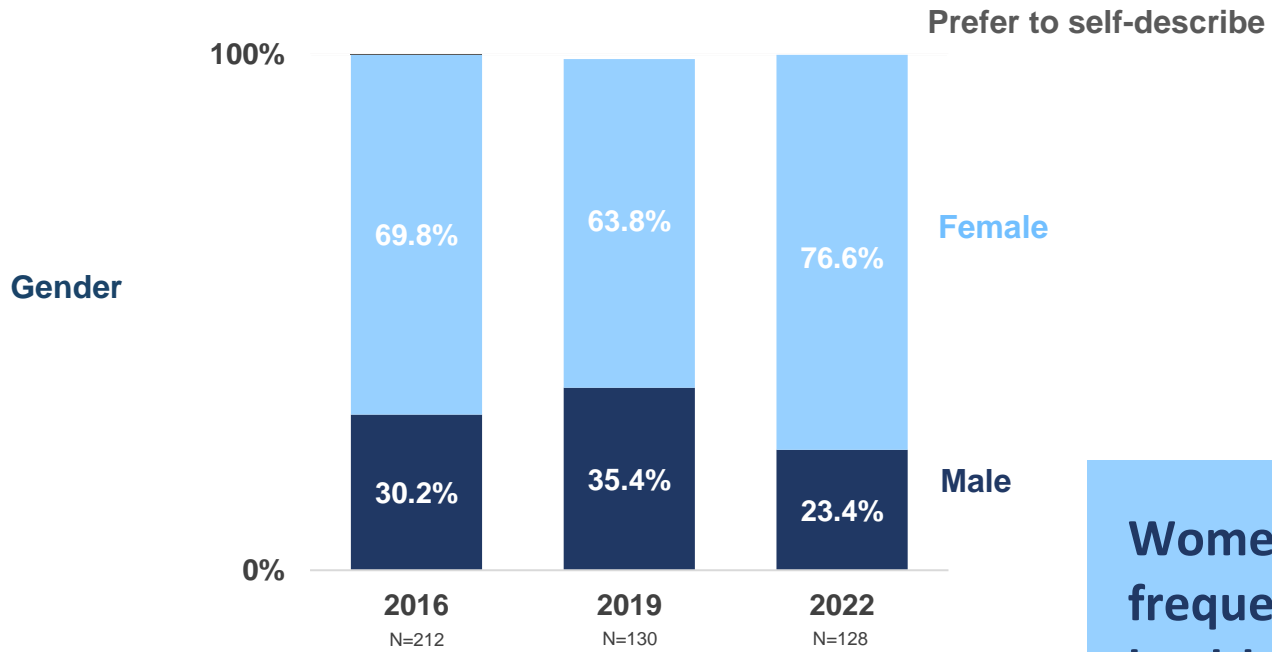
Survey Respondent Demographics

A total of 740 surveys were distributed amongst Glendive Medical Center's service area. One-hundred thirty were completed for a 17.57% 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.

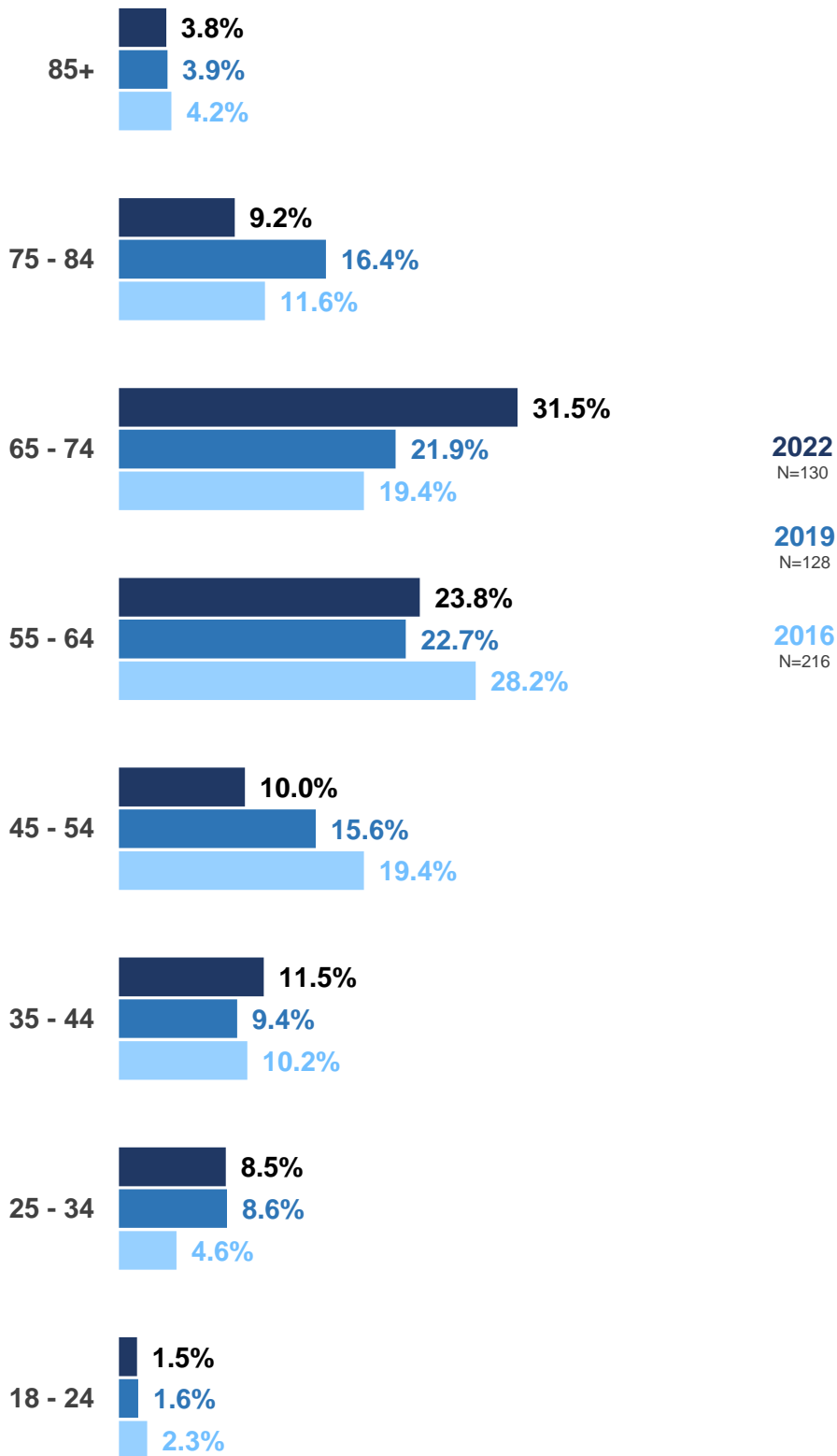| Place of Residence	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	214	131	130
59330 Glendive	77.6% (166)	88.5% (116)	82.3% (107)
59353 Wibaux	4.2% (9)	3.1% (4)	10.0% (13)
59215 Circle	2.8% (6)	3.1% (4)	2.3% (3)
59315 Bloomfield	5.1% (11)	2.3% (3)	1.5% (2)
59326 Fallon		0.8% (1)	1.5% (2)
59262 Savage	0.5% (1)	0.0% (0)	0.8% (1)
59349 Terry	1.9% (4)	2.3% (3)	0.8% (1)
59259 Richey	0.9% (2)	0.0% (0)	0.8% (1)
58621 Beach, ND	1.9% (4)	0.0% (0)	
59339 Lindsay	5.1% (11)	0.0% (0)	0.0% (0)
Other		0.0% (0)	0.0% (0)
TOTAL	100.0% (214)	100.1% (131)	100.0% (130)

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

Gender

Prefer to self-describe

	2016	2019	2022
Female	69.8%	63.8%	76.6%
Male	30.2%	35.4%	23.4%

100%

0%

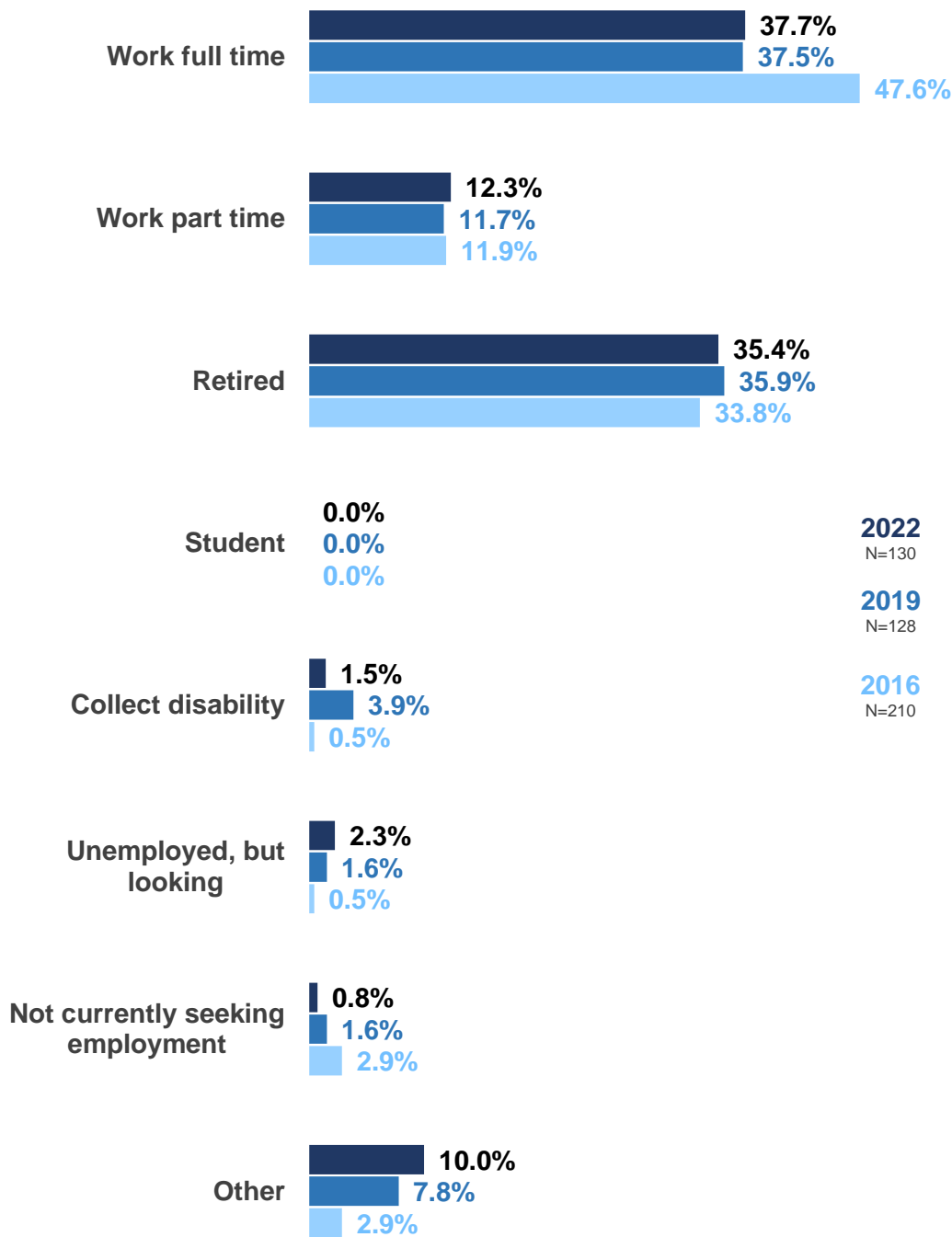| 2016	2019	2022
N=212	N=130	N=128

Female

Male

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

Age of respondents for all years of the survey

85+
- 3.8%
- 3.9%
- 4.2%

75 - 84
- 9.2%
- 16.4%
- 11.6%

65 - 74
- 31.5%
- 21.9%
- 19.4%

55 - 64
- 23.8%
- 22.7%
- 28.2%

45 - 54
- 10.0%
- 15.6%
- 19.4%

35 - 44
- 11.5%
- 9.4%
- 10.2%

25 - 34
- 8.5%
- 8.6%
- 4.6%

18 - 24
- 1.5%
- 1.6%
- 2.3%

2022
N=130

2019
N=128

2016
N=216

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

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

Work full time
37.7%
37.5%
47.6%

Work part time
12.3%
11.7%
11.9%

Retired
35.4%
35.9%
33.8%

Student
0.0%
0.0%
0.0%

2022
N=130

2019
N=128

Collect disability
1.5%
3.9%
0.5%

2016
N=210

Unemployed, but looking
2.3%
1.6%
0.5%

Not currently seeking employment
0.8%
1.6%
2.9%

Other
10.0%
7.8%
2.9%

*Respondents (N=6) who selected over the allotted amount were moved to "Other."

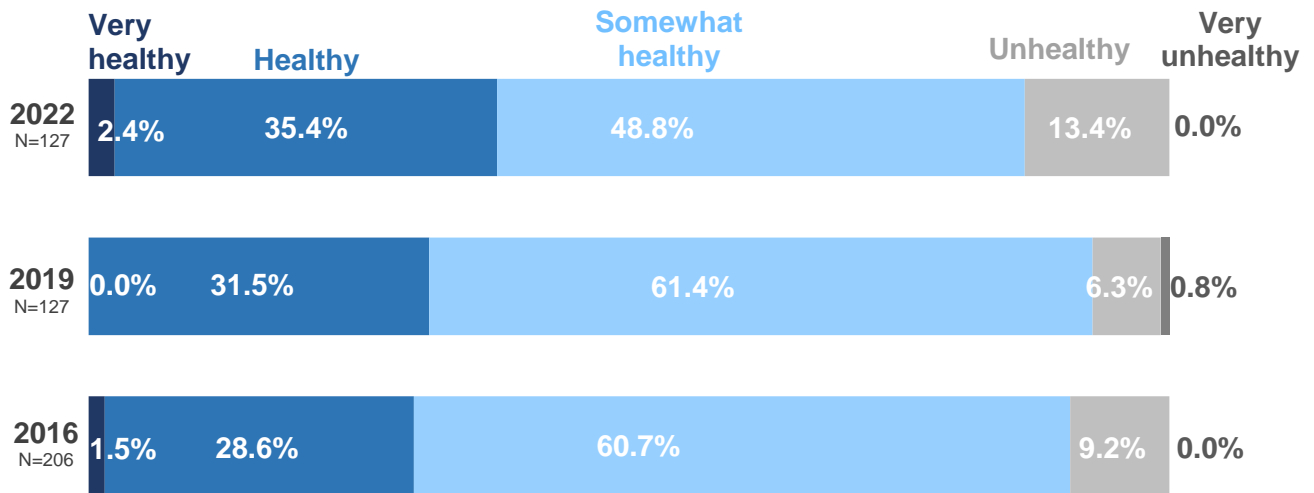**"Other"** comments included: "Self-employed (4)" and "Stay at home parent (3)"

SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Forty-eight point eight percent of respondents (n=62) rated their community as "Somewhat healthy," and 35.4% of respondents (n=45) felt their community was "Healthy." No respondents indicated they felt their community was "Very Unhealthy."

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

	Very healthy	Healthy	Somewhat healthy	Unhealthy	Very unhealthy
2022 N=127	2.4%	35.4%	48.8%	13.4%	0.0%
2019 N=127	0.0%	31.5%	61.4%	6.3%	0.8%
2016 N=206	1.5%	28.6%	60.7%	9.2%	0.0%

Over 80% of survey respondents feel their community is somewhat healthy or healthy.

Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was "Cancer" at 46.9% (n=60). "Alcohol abuse/substance abuse" was also a high priority at 44.5% (n=57), followed by "Mental health issues" at 32.8% (n=42).

Health Concern	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFCANT CHANGE
Number of respondents	220	132	128	
Cancer	55.0% (121)	47.7% (63)	46.9% (60)	☐
Alcohol abuse/substance abuse	65.9% (145)	56.1% (74)	44.5% (57)	◼
Mental health issues	19.5% (43)	23.5% (31)	32.8% (42)	◼
Overweight/obesity	26.4% (58)	28.0% (37)	25.8% (33)	☐
Heart disease	19.5% (43)	18.9% (25)	20.3% (26)	☐
Depression/anxiety	17.7% (39)	22.0% (29)	18.0% (23)	☐
Diabetes	15.9% (35)	12.9% (17)	14.8% (19)	☐
Work/economic stress			14.8% (19)	☐
Tobacco use (cigarettes, vaping/ e-cigarettes, smokeless)	13.2% (29)	18.9% (25)	11.7% (15)	☐
Lack of access to healthcare	16.4% (36)	10.6% (14)	10.2% (13)	☐
Alzheimer's/dementia		9.1% (12)	9.4% (12)	☐
Lack of exercise	12.3% (27)	6.8% (9)	9.4% (12)	☐
Suicide		7.6% (10)	7.8% (10)	☐
Child abuse/neglect	9.5% (21)	4.5% (6)	6.3% (8)	☐
Social isolation/loneliness		6.1% (8)	4.7% (6)	☐
Motor vehicle accidents	2.3% (5)	0.0% (0)	2.3% (3)	☐
Stroke	2.3% (5)	1.5% (2)	2.3% (3)	☐
Work related accidents/injuries	0.5% (1)	0.8% (1)	2.3% (3)	☐
Domestic violence	9.1% (20)	3.8% (5)	1.6% (2)	◼
Hunger		0.8% (1)	1.6% (2)	☐
Lack of dental care	3.2% (7)	0.0% (0)	0.8% (1)	☐
Recreation related accidents/injuries	2.3% (5)	0.0% (0)	0.8% (1)	☐
Trauma/Adverse Childhood Experiences (ACES)			0.0% (0)	☐
Other	3.2% (7)	2.3% (3)	3.9% (5)	☐

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Forty-eight point four percent of respondents (n=62) indicated that "Access to healthcare and other services" are important for a healthy community, followed by "Good jobs and a healthy economy" at 43.0% (n=55), and "Emergency services (police, fire, EMS" at 34.4% (n=44).

Components of a Healthy Community	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	220	132	128	
Access to healthcare and other services	55.0% (121)	50.0% (66)	48.4% (62)	☐
Good jobs and a healthy economy	40.0% (88)	54.5% (72)	43.0% (55)	■
Emergency services (police, fire, EMS)	21.8% (48)	28.0% (37)	34.4% (44)	■
Strong family life	29.5% (65)	19.7% (26)	27.3% (35)	☐
Healthy behaviors and lifestyles	29.1% (64)	25.0% (33)	22.7% (29)	☐
Good schools	11.8% (26)	18.9% (25)	21.1% (27)	■
Adequate, affordable housing	20.9% (46)	17.4% (23)	18.8% (24)	☐
Religious or spiritual values	27.7% (61)	13.6% (18)	14.8% (19)	■
Access to childcare/after school programs	4.5% (10)	5.3% (7)	13.3% (17)	■
Low crime/safe neighborhoods	10.0% (22)	9.8% (13)	11.7% (15)	☐
Community involvement	7.7% (17)	7.6% (10)	8.6% (11)	☐
Access to healthy food choices			7.8% (10)	☐
Clean/appealing environment	6.4% (14)	13.6% (18)	7.0% (9)	■
Parks and recreation	3.2% (7)	3.8% (5)	3.9% (5)	☐
Immunized children	10.0% (22)	11.5% (15)	2.3% (3)	■
Low level of domestic violence	1.4% (3)	1.5% (2)	2.3% (3)	☐
Walking/biking paths	5.5% (12)	3.8% (5)	2.3% (3)	☐
Arts and cultural events	1.4% (3)	0.0% (0)	1.6% (2)	☐
Low death and disease rates	4.1% (9)	0.8% (1)	1.6% (2)	☐
Tolerance for diversity	3.6% (8)	1.5% (2)	1.6% (2)	☐
Transportation services		2.3% (3)	1.6% (2)	☐

Table continued on next page

| Other* | 2.3% (5) | 1.5% (2) | 0.8% (1) | ☐ |

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available through Glendive Medical Center. Fifty-three point eight percent (n=70) of respondents rated their knowledge of health services as "Good." "Fair" was selected by 32.3% percent (n=42), and "Excellent" was chosen by 11.5% of respondents (n=15).

Over 60% of 2022 responents rated their knowledge of services as Good or Excellent

	2016 N=219	2019 N=127	2022 N=130
Poor	2.7%	3.1%	2.3%
Fair	28.8%	27.6%	32.3%
Good	58.9%	59.8%	53.8%
Excellent	9.6%	9.4%	11.5%
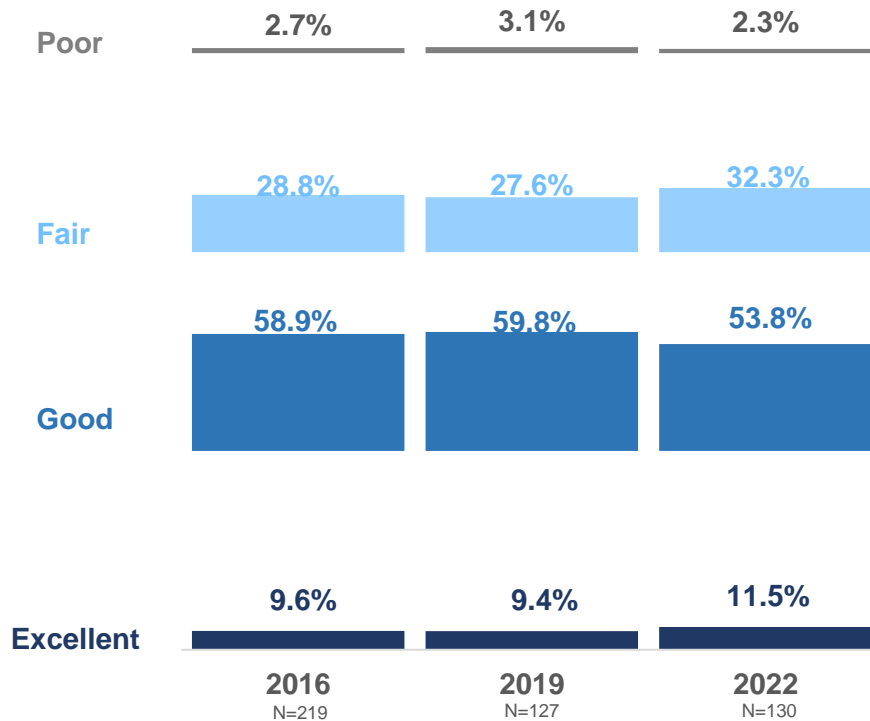
How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was "Friends/family" at 63.8% (n=83). "Word of mouth/reputation" was next at 57.7% (n=75), followed by "Healthcare provider" at 51.5% (n=67).

How Respondents Learn about Community Health Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	220	132	130	
Friends/family	74.1% (163)	58.3% (77)	63.8% (83)	■
Word of mouth/reputation	63.6% (140)	53.8% (71)	57.7% (75)	☐
Healthcare provider	40.0% (88)	39.4% (52)	51.5% (67)	☐
Ranger Review	50.0% (110)	51.5% (68)	48.5% (63)	☐
Dawson County Health Department	31.8% (70)	43.2% (57)	46.2% (60)	■
Facebook	17.3% (38)	27.3% (36)	41.5% (54)	■
Website/internet	11.4% (25)	18.2% (24)	23.1% (30)	■
Radio (KXGN, KGLE, KDZN)	32.3% (71)	25.8% (34)	22.3% (29)	☐
Mailings/newsletter	20.9% (46)	28.0% (37)	20.8% (27)	☐
Television	15.5% (34)	14.4% (19)	11.5% (15)	☐
Community bulletin boards		9.1% (12)	10.8% (14)	☐
Billboards		6.1% (8)	8.5% (11)	☐
Instagram			0.8% (1)	☐
TikTok			0.8% (1)	☐
Presentations	2.7% (6)	5.3% (7)	0.0% (0)	■
Spotify/Pandora			0.0% (0)	☐
Other	1.4% (3)	4.5% (6)	3.1% (4)	☐

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

"**Other**" comments included: "VA" and "Difficult to find information"

Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources they had used in the last three years. "Pharmacy" was the most frequently utilized community health resource at 84.4% (n=108). The "Dentist" was utilized by 72.7% (n=93) of respondents, followed by "Optometrist" at 53.1% (n=68).

Use of Community Health Resources	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	220	132	128	
Pharmacy	82.7% (182)	79.5% (105)	84.4% (108)	☐
Dentist	71.4% (157)	72.0% (95)	72.7% (93)	☐
Optometrist		40.9% (54)	53.1% (68)	■
Dawson County Health Department	46.8% (103)	41.7% (55)	51.6% (66)	☐
Physical therapy services		18.9% (25)	27.3% (35)	☐
Alternative medicine (ex. Chiropractor)	31.4% (69)	20.5% (27)	20.3% (26)	■
Private practice providers			19.5% (25)	☐
Massage therapy	19.1% (42)	17.4% (23)	14.8% (19)	☐
One Health			10.9% (14)	☐
Fitness center		15.9% (21)	9.4% (12)	☐
Mental health providers	2.3% (5)	3.0% (4)	9.4% (12)	■
Senior Center	7.7% (17)	12.1% (16)	9.4% (12)	☐
Medical marijuana dispensary		1.5% (2)	6.3% (8)	■
Food bank		4.5% (6)	2.3% (3)	☐
Meals on Wheels		0.8% (1)	2.3% (3)	☐
Substance abuse services		0.8% (1)	1.6% (2)	☐
Home care services		3.8% (5)	0.0% (0)	■
Other	4.5% (10)	3.0% (4)	2.3% (3)	☐

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

"**Other**" comments included: "VA" and "Orthodontist"

Improve Community's Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community's access to healthcare. The majority of respondents (51.6% n=65) reported that "More specialists" would make the greatest improvement. Thirty-nine point seven percent of respondents (n=50) indicated "More primary care providers" would improve access which was a significant decrease compared to previous years. Similarly, "Improved quality of care" was selected by 38.1% (N=48) of respondents.

More specialists would make the greatest improvements

What Would Improve Community Access to Healthcare	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	220	132	126	
More specialists	39.1% (86)	52.3% (69)	51.6% (65)	■
More primary care providers	56.4% (124)	56.1% (74)	39.7% (50)	■
Improved quality of care	37.7% (83)	47.0% (62)	38.1% (48)	☐
More information about available services		38.6% (51)	31.7% (40)	☐
Outpatient services expanded hours	22.7% (50)	24.2% (32)	31.7% (40)	☐
Payment assistance programs (healthcare expenses)			27.8% (35)	☐
Greater health education services	9.5% (21)	16.7% (22)	22.2% (28)	■
Telemedicine	10.9% (24)	12.1% (16)	21.4% (27)	■
Transportation assistance	10.5% (23)	12.1% (16)	10.3% (13)	☐
Cultural sensitivity	1.8% (4)	2.3% (3)	4.0% (5)	☐
Interpreter services	0.9% (2)	2.3% (3)	1.6% (2)	☐
Other	6.4% (14)	11.4% (15)	7.1% (9)	☐

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

"**Other**" comments included: "Reduced costs (3)" and "Improved billing system (2)"

Interest in Educational Classes/Programs (Question 8)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/program was "Health and wellness" at 39.1% (n=45). Interest in "Weight loss" and "Women's health" followed with 35.7% (n=41, each), while 31.3% of respondents (n=36) were interested in a "Living will."

Interest in Classes or Programs	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	220	132	115
Health and wellness	29.5% (65)	36.4% (48)	39.1% (45)
Weight loss	30.5% (67)	28.8% (38)	35.7% (41)
Women's health	27.7% (61)	28.0% (37)	35.7% (41)
Living will	19.5% (43)	20.5% (27)	31.3% (36)
Senior wellness	20.9% (46)	31.1% (41)	29.6% (34)
Fitness	24.1% (53)	27.3% (36)	27.8% (32)
Diabetes	12.3% (27)	15.9% (21)	23.5% (27)
Nutrition	25.0% (55)	27.3% (36)	23.5% (27)
First aid/CPR	15.9% (35)	14.4% (19)	15.7% (18)
Mental health	11.4% (25)	7.6% (10)	15.7% (18)
Alzheimer's	17.7% (39)	14.4% (19)	14.8% (17)
Heart health	10.0% (22)	18.9% (25)	12.2% (14)
Cancer	11.4% (25)	10.6% (14)	9.6% (11)
Grief counseling	6.4% (14)	6.1% (8)	9.6% (11)
Parenting	5.0% (11)	6.1% (8)	7.8% (9)
Support groups	5.0% (11)	12.1% (16)	7.0% (8)
Men's health	10.0% (22)	11.4% (15)	6.1% (7)
Alcohol/substance abuse	1.8% (4)	2.3% (3)	3.5% (4)
Prenatal/postnatal support classes	0.9% (2)	1.5% (2)	2.6% (3)
Smoking/tobacco cessation	4.1% (9)	5.3% (7)	2.6% (3)
Lactation/breastfeeding support			0.9% (1)
Other	2.3% (5)	3.0% (4)	3.5% (4)

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

Utilization of Preventive Services (Question 9)

Respondents were asked about the preventive services they had utilized, the service with the most responses was "Dental exam" at 69.5% (n=89) of respondents. "Blood draw" was next at 67.2% (n=86) of responses, followed closely by "Adult immunizations" at 60.9% (n=78) of respondents.

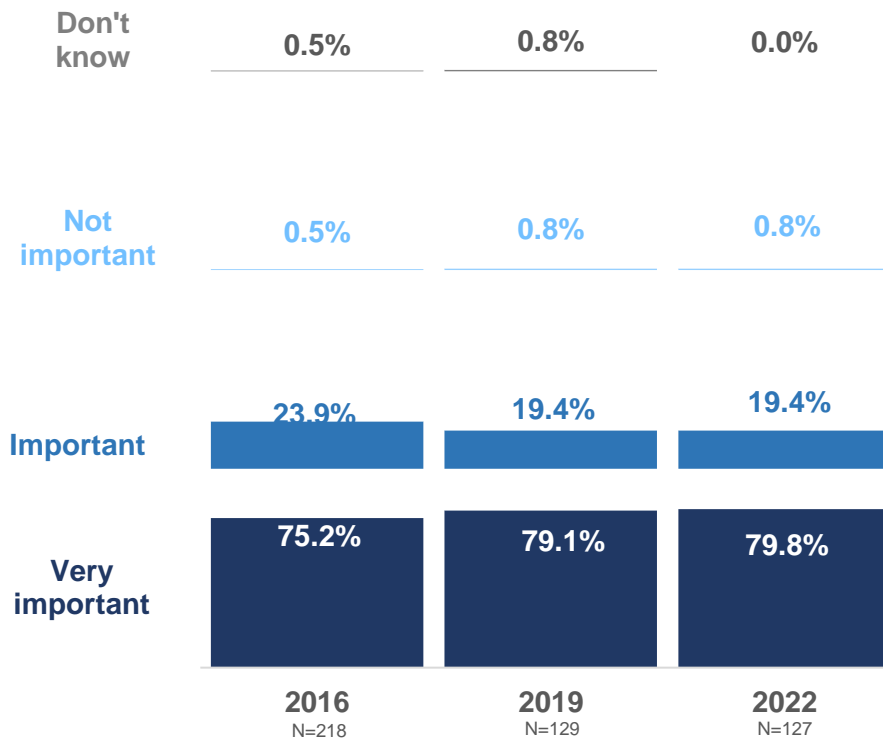| Use of Preventive Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	220	132	128	
Dental exam	59.1% (130)	64.4% (85)	69.5% (89)	☐
Blood draw		50.8% (67)	67.2% (86)	■
Adult immunizations	33.2% (73)	47.7% (63)	60.9% (78)	■
Vision check	48.2% (106)	50.8% (67)	60.2% (77)	☐
Flu shot	55.5% (122)	57.6% (76)	55.5% (71)	☐
Routine blood pressure check	36.8% (81)	45.5% (60)	49.2% (63)	☐
Routine health checkup	42.3% (93)	48.5% (64)	48.4% (62)	☐
Cholesterol check	40.0% (88)	43.2% (57)	39.1% (50)	☐
Mammography	30.5% (67)	18.9% (25)	34.4% (44)	■
Child immunizations	11.4% (25)	12.1% (16)	16.4% (21)	☐
Pap test	17.3% (38)	12.9% (17)	15.6% (20)	☐
Children's checkup/Well baby	6.8% (15)	11.4% (15)	13.3% (17)	☐
Colonoscopy	11.4% (25)	11.4% (15)	10.9% (14)	☐
Hearing check		11.4% (15)	10.9% (14)	☐
Prostate (PSA)	18.6% (41)	18.9% (25)	7.0% (9)	■
Mental health counseling		3.8% (5)	3.9% (5)	☐
None	5.5% (12)	1.5% (2)	2.3% (3)	☐
Health education class	3.6% (8)	2.3% (3)	0.8% (1)	☐
Other		3.8% (5)	2.3% (3)	☐

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

"Other" comments included: "Thyroid check"

Economic Importance of Providers/Services (Question 10)

Respondents were asked to indicate how important local healthcare providers and services are to the economic well-being of the area. Seventy-nine point eight percent (N=103) of respondents thought local providers and services were "Very important." Nineteen point four percent (N=25) said that providers and services were "Important" to the economic well-being of the area.

99% of 2022 respondents thought local healthcare providers and services were Very important or Important to the economic well-being of the area.

	2016 N=218	2019 N=129	2022 N=127
Don't know	0.5%	0.8%	0.0%
Not important	0.5%	0.8%	0.8%
Important	23.9%	19.4%	19.4%
Very important	75.2%	79.1%	79.8%

Delay of Services (Question 11)

Thirty-four point one percent of respondents (N=43) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Sixty-five point nine percent of respondents (n=83) felt they were able to get the healthcare services they needed without delay.

Slightly more 2022 respondents delayed or did not receive needed services compared to the previous assessment

38.0%

31.5%

34.1%

2016
N=197

2019
N=148

2022
N=120
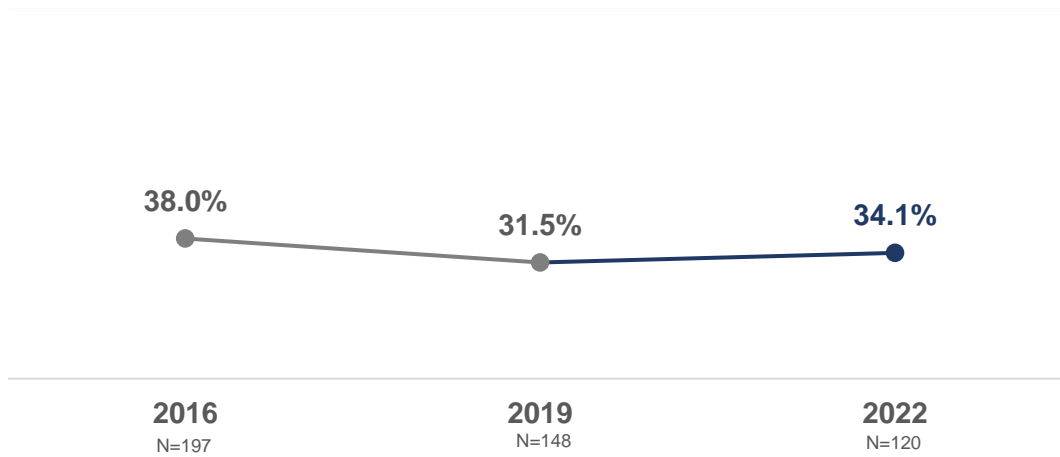
View a cross tabulation of where respondents live and 'delay of healthcare services' on p. 81

Reason for Not Receiving/Delaying Needed Services (Question 12)

For those who indicated they were unable to receive or had to delay services (n=43), the reason most cited was "Too long to wait for an appointment" (30.2%, n=13). "Qualified provider not available" was selected by 27.9% (n=12), while 23.3% of respondents (n=10) indicated "Could not get an appointment."

Reasons for Delay in Receiving Needed Healthcare	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	79	40	43	
Too long to wait for an appointment	32.9% (26)	27.5% (11)	30.2% (13)	☐
Qualified provider not available			27.9% (12)	☐
Could not get an appointment	19.0% (15)	20.0% (8)	23.3% (10)	☐
My insurance didn't cover it	10.1% (8)	7.5% (3)	20.9% (9)	☐
It cost too much	27.8% (22)	42.5% (17)	18.6% (8)	☐
Don't like doctors	13.9% (11)	25.0% (10)	14.0% (6)	☐
It was too far to go	3.8% (3)	7.5% (3)	14.0% (6)	☐
Office wasn't open when I could go	3.8% (3)	12.5% (5)	9.3% (4)	☐
Didn't know where to go	2.5% (2)	10.0% (4)	7.0% (3)	☐
Too nervous or afraid	5.1% (4)	10.0% (4)	4.7% (2)	☐
Don't understand healthcare system			2.3% (1)	☐
No insurance	7.6% (6)	20.0% (8)	2.3% (1)	■
Not treated with respect	8.9% (7)	7.5% (3)	2.3% (1)	☐
Transportation problems	2.5% (2)	5.0% (2)	2.3% (1)	☐
Unsure if services were available	15.2% (12)	5.0% (2)	2.3% (1)	■
Could not get off work	1.3% (1)	0.0% (0)	0.0% (0)	☐
Had no one to care for the children	1.3% (1)	2.5% (1)	0.0% (0)	☐
Language/communication barrier	0.0% (0)	0.0% (0)	0.0% (0)	☐
Other*	7.6% (6)	22.5% (9)	32.6% (14)	■

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

"**Other**" comments included: "Cheaper to drive to Miles City (2)" and "Specialist out of town"

Primary Care Services (Question 13)

Ninety-five point three percent of respondents (n=123) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Four point seven percent of respondents (n=6) indicated they had not received primary care.

Primary care utilization has remained consistent over the last three assessments
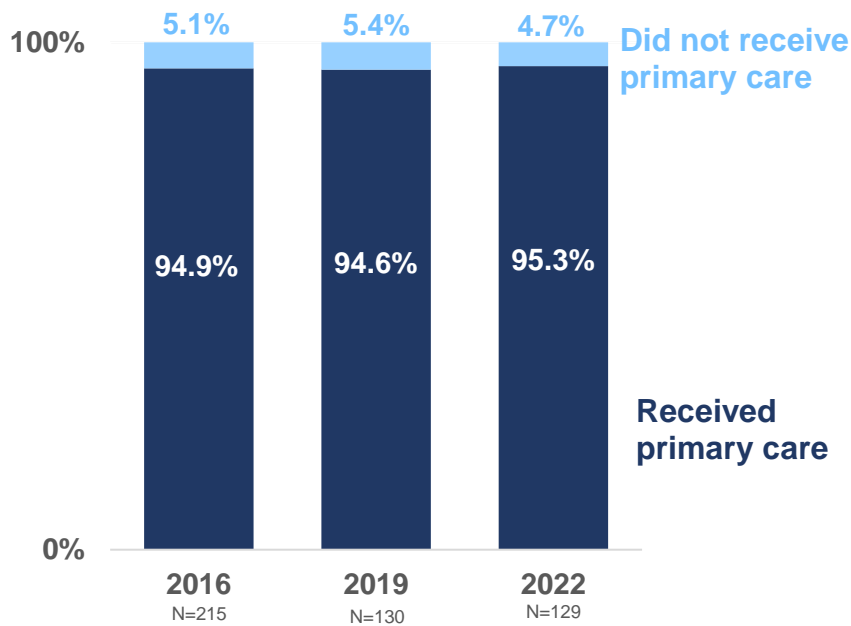
Location of Primary Care Services (Question 14)

Of the 121 respondents who indicated receiving primary care services in the previous three years, 55.4% (n=67) reported receiving care in Glendive, and 16.5% of respondents (n=20) went to Miles City. Fourteen respondents were moved to "other" due to selecting more than one primary care provider location.

Location of Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	181	120	121
Glendive	75.7% (137)	61.7% (74)	55.4% (67)
Miles City	10.5% (19)	8.3% (10)	16.5% (20)
Dickinson, ND	1.1% (2)	0.8% (1)	3.3% (4)
Billings	2.2% (4)	3.3% (4)	2.5% (3)
Sidney	1.7% (3)	0.8% (1)	2.5% (3)
Bismarck, ND			1.7% (2)
Wibaux		1.7% (2)	1.7% (2)
Beach, ND		0.8% (1)	
VA	8.8% (16)	0.8% (1)	0.0% (0)
Other*	0.0% (0)	21.7% (26)	16.5% (20)
TOTAL	100.0% (181)	99.9% (120)	100.1% (121)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=14) who selected over the allotted amount were moved to "Other."

"**Other**" comments included: "Terry (5)" and "Beach, ND (2)"

Reasons for Primary Care Provider Selection (Question 15)

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. "Closest to home" was the most frequently selected reason at 46.3% (n=57) followed by "Clinic/provider's reputation for quality" at 35.8% (N=44). "Appointment availability" was next at 34.1% (n=42).

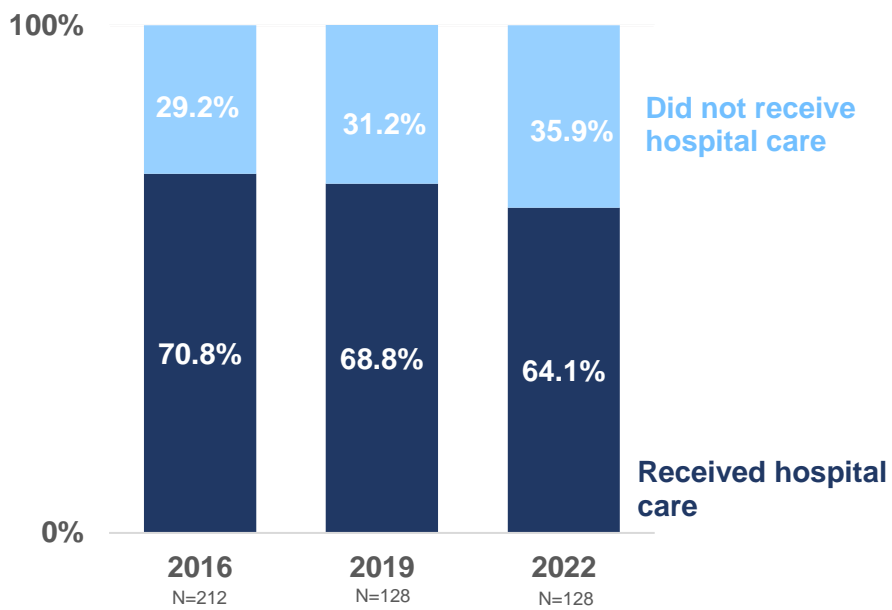| Reasons for Selecting Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	204	123	123	
Closest to home	52.9% (108)	41.5% (51)	46.3% (57)	☐
Clinic/provider's reputation for quality	14.7% (30)	33.3% (41)	35.8% (44)	■
Appointment availability	33.8% (69)	32.5% (40)	34.1% (42)	☐
Prior experience with clinic	45.1% (92)	34.1% (42)	29.3% (36)	■
Recommended by family or friends	21.1% (43)	19.5% (24)	21.1% (26)	☐
Referred by physician or other provider	9.3% (19)	19.5% (24)	17.1% (21)	■
Length of waiting room time	11.8% (24)	11.4% (14)	9.8% (12)	☐
Privacy/confidentiality			8.9% (11)	☐
Cost of care	5.4% (11)	6.5% (8)	7.3% (9)	☐
Required by insurance plan	2.5% (5)	2.4% (3)	3.3% (4)	☐
VA/Military requirement	2.5% (5)	3.3% (4)	2.4% (3)	☐
Indian Health Services	0.5% (1)	0.0% (0)	0.0% (0)	☐
Other	15.7% (32)	9.8% (12)	5.7% (7)	■

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

Hospital Care Services (Question 16)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-four point one percent of respondents (n=82) reported that they or a member of their family had received hospital care during the previous three years, and 35.9% (n=46) had not received hospital services.

Hospital utilization declined by 4.7% since the 2019 assessment

100%

29.2%	31.2%	35.9%

Did not receive hospital care

70.8%	68.8%	64.1%

Received hospital care

0%

2016	**2019**	**2022**
N=212	N=128	N=128

Location of Hospital Services (Question 17)

Of the 82 respondents who indicated receiving hospital care in the last three years, 79 shared which hospital they use most often. Forty-eight point one percent (n=38) reported receiving care at Glendive Medical Center, while 22.8% (n=18) received services in at Billings Clinic-Billings.

Hospital Used Most Often	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	135	88	79
Glendive Medical Center	48.9% (66)	43.2% (38)	48.1% (38)
Billings Clinic – Billings	21.5% (29)	25.0% (22)	22.8% (18)
Holy Rosary – Miles City	12.6% (17)	6.8% (6)	5.1% (4)
St. Vincent's - Billings	7.4% (10)	2.3% (2)	5.1% (4)
Dickinson, ND hospital	2.2% (3)	2.3% (2)	3.8% (3)
Sidney Health Center – Sidney	2.2% (3)	4.5% (4)	1.3% (1)
Other*	5.2% (7)	15.9% (14)	13.9% (11)
TOTAL	**100.0% (135)**	**100.0% (88)**	**100.1% (79)**

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=9) who selected over the allotted amount were moved to "Other."

"**Other**" comments included: "Terry"

Reasons for Hospital Selection (Question 18)

Of the 81 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 "Prior experience with hospital" at 43.2% (n=35). "Closest to home" was selected by 42.0% of the respondents (n=34), and 40.7% (n=33) chose "Hospital's reputation for quality."

Reasons for Selecting Hospital	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	150	88	81	
Prior experience with hospital	50.0% (75)	40.9% (36)	43.2% (35)	☐
Closest to home	52.0% (78)	46.6% (41)	42.0% (34)	☐
Hospital's reputation for quality	30.0% (45)	27.3% (24)	40.7% (33)	☐
Emergency, no choice	28.0% (42)	37.5% (33)	27.2% (22)	☐
Referred by physician or other provider	38.0% (57)	46.6% (41)	25.9% (21)	■
Recommended by family or friends	16.0% (24)	9.1% (8)	9.9% (8)	☐
Privacy/confidentiality			6.2% (5)	☐
Closest to work	6.7% (10)	6.8% (6)	4.9% (4)	☐
Cost of care	4.7% (7)	4.5% (4)	4.9% (4)	☐
Required by insurance plan	4.0% (6)	4.5% (4)	4.9% (4)	☐
Financial assistance programs		0.0% (0)	2.5% (2)	☐
VA/Military requirement	3.3% (5)	4.5% (4)	1.2% (1)	☐
Other*	6.7% (10)	4.5% (4)	11.1% (9)	☐

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=4) who selected over the allotted amount were moved to "Other."
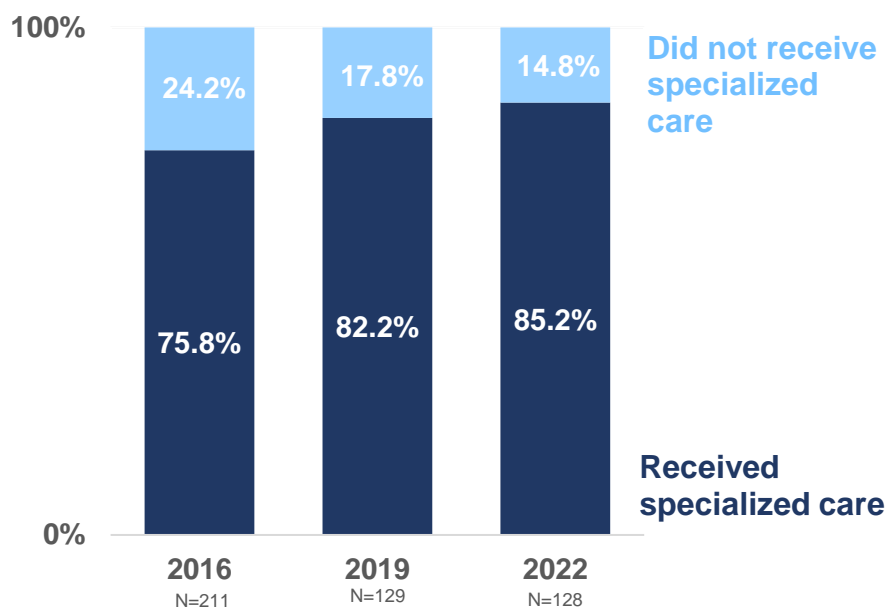
"**Other**" comments included: "No OB care" and "Experienced surgeon"

Specialty Care Services (Question 19)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. Eighty-five point two percent of the respondents (n=109) indicated they or a household member had seen a healthcare specialist during the past three years, while 14.8% (n=19) indicated they had not.

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

2016	**2019**	**2022**
N=211	N=129	N=128

Did not receive specialized care:
- 2016: 24.2%
- 2019: 17.8%
- 2022: 14.8%

Received specialized care:
- 2016: 75.8%
- 2019: 82.2%
- 2022: 85.2%

Location of Healthcare Specialist(s) (Question 20)

Of the 107 respondents who indicated they saw a healthcare specialist in the past three years, 58.9% (n=63) sought care at Billings Clinic-Billings. Thirty-six point four percent of respondents (n=39) utilized specialty services at Glendive Medical Center, while 15.0% of respondents (n=16) received specialty care at St. Vincent's-Billings.

Location of Specialist	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	160	106	107	
Billings Clinic – Billings	53.1% (85)	43.4% (46)	58.9% (63)	☐
Glendive Medical Center	45.0% (72)	46.2% (49)	36.4% (39)	☐
St. Vincent's – Billings	13.8% (22)	13.2% (14)	15.0% (16)	☐
Holy Rosary – Miles City	21.3% (34)	17.9% (19)	13.1% (14)	☐
Sidney Health Center – Sidney	5.6% (9)	10.4% (11)	7.5% (8)	☐
Dickinson, ND hospital	1.9% (3)	1.9% (2)	5.6% (6)	☐
VA	2.5% (4)	4.7% (5)	3.7% (4)	☐
Other	22.5% (36)	19.8% (21)	20.6% (22)	☐

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

"**Other**" comments included: "Miles City (2)," "Bismarck, ND (5)," and "Mayo Clinic (2)"

Type of Healthcare Specialist Seen (Question 21)

The survey respondents (n=107) saw a wide array of healthcare specialists in the past three years. The most frequently utilized specialist was an "Orthopedic surgeon" at 29.0% (n=31). A "Cardiologist" and "Dermatologist" were seen by 22.4% of respondents (n=24, each). Respondents were asked to choose all that apply, so the percentages do not equal 100%.

Type of Specialists Seen	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	160	106	107	
Orthopedic surgeon	26.3% (42)	27.4% (29)	29.0% (31)	☐
Cardiologist	20.6% (33)	25.5% (27)	22.4% (24)	☐
Dermatologist	21.9% (35)	20.8% (22)	22.4% (24)	☐
Dentist	20.0% (32)	22.6% (24)	18.7% (20)	☐
General surgeon	18.8% (30)	12.3% (13)	14.0% (15)	☐
Physical therapist	11.9% (19)	13.2% (14)	13.1% (14)	☐
Chiropractor	13.8% (22)	8.5% (9)	12.1% (13)	☐
ENT (ear/nose/throat)	10.0% (16)	13.2% (14)	12.1% (13)	☐
Gastroenterologist	8.1% (13)	4.7% (5)	12.1% (13)	☐
Neurologist	6.9% (11)	7.5% (8)	11.2% (12)	☐
Allergist	6.3% (10)	4.7% (5)	10.3% (11)	☐
Radiologist	10.0% (16)	10.4% (11)	10.3% (11)	☐
Pediatrician	3.8% (6)	2.8% (3)	9.3% (10)	☐
OB/GYN	12.5% (20)	15.1% (16)	7.5% (8)	☐
Ophthalmologist	7.5% (12)	11.3% (12)	7.5% (8)	☐
Neurosurgeon	2.5% (4)	2.8% (3)	6.5% (7)	☐
Optometrist		12.3% (13)	6.5% (7)	☐
Audiologist	6.9% (11)	4.7% (5)	5.6% (6)	☐
Pulmonologist	5.0% (8)	6.6% (7)	5.6% (6)	☐
Urologist	11.3% (18)	13.2% (14)	5.6% (6)	☐
Oncologist	9.4% (15)	8.5% (9)	4.7% (5)	☐
Dietician	1.3% (2)		3.7% (4)	☐

Table continued on next page

Endocrinologist	4.4% (7)	3.8% (4)	3.7% (4)	☐
Podiatrist	4.4% (7)	4.7% (5)	3.7% (4)	☐
Psychiatrist (M.D.)	3.8% (6)	0.9% (1)	3.7% (4)	☐
Rheumatologist	3.8% (6)	3.8% (4)	3.7% (4)	☐
Mental health counselor	3.1% (5)	0.9% (1)	2.8% (3)	☐
Occupational therapist	1.3% (2)	0.9% (1)	0.9% (1)	☐
Psychologist	1.3% (2)	1.9% (2)	0.9% (1)	☐
Social worker	0.0% (0)	1.9% (2)	0.9% (1)	☐
Speech therapist	1.3% (2)	0.9% (1)	0.9% (1)	☐
Geriatrician	1.3% (2)	0.0% (0)	0.0% (0)	☐
Substance abuse counselor	0.6% (1)	0.9% (1)	0.0% (0)	☐
Other	10.0% (16)	13.2% (14)	11.2% (12)	☐

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

"**Other**" comments included: "Reproductive specialist" and "Nephrologist"

Overall Quality of Care through Glendive Medical Center (Question 22)

Respondents were asked to rate various services available through Glendive Medical Center using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The services that received the highest scores were "Radiology," "Surgical services," and "Rehabilitation services" with a rating of 3.4 out of 4.0 (n=71, 43, 38 respectively). Overall, the average rating of quality for the health services listed through GMC was 3.2 out of 4.0.

Quality of Care Rating at Glendive Medical Center	2016 Average (n)	2019 Average (n)	2022 Average (n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4				
Total number of respondents	193	115	117	
Radiology			3.4 (71)	☐
Surgical services	3.2 (75)	3.3 (42)	3.4 (43)	☐
Rehabilitation services (physical, occupational, cardiac, speech)	3.1 (61)	3.0 (38)	3.4 (38)	☐
OB/GYN	3.0 (44)	3.0 (24)	3.3 (32)	☐
Pediatric services			3.3 (29)	☐
Labor and delivery	2.9 (27)	3.1 (17)	3.3 (17)	☐
Orthopedics			3.2 (42)	☐
Laboratory	3.0 (160)	3.2 (93)	3.1 (86)	☐
In-patient services/hospital stay		3.0 (35)	3.1 (44)	☐
Emergency room	3.0 (156)	3.1 (79)	3.0 (79)	☐
Family Practice			3.0 (74)	☐
Urgent care		3.0 (54)	3.0 (67)	☐
Respiratory Therapy			3.0 (16)	☐
Cancer Outreach Center (chemo)	3.4 (19)	3.2 (10)	2.9 (9)	☐
Internal medicine			2.9 (18)	☐
Extended Care/nursing home	2.5 (32)	2.8 (22)	2.6 (22)	☐
Diabetes education			2.6 (20)	☐
Behavioral health	2.4 (16)	2.2 (14)	2.6 (13)	☐
Visiting Nurse/hospice	3.0 (25)	3.5 (21)	2.3 (6)	■

Table continued on next page

Chronic Pain Management			2.1 (8)	☐
Overall average	**3.0 (193)**	**3.1 (115)**	**3.2 (117)**	☐

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

Depression (Question 23)

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. Seventeen point two percent of respondents (n=22) indicated they had experienced periods of depression, and 82.8% of respondents (n=106) indicated they had not.

More respondents report experiencing periods of depression since the last assessment

16.5%   16.5%   17.2%

2016	2019	2022
N=212	N=115	N=128
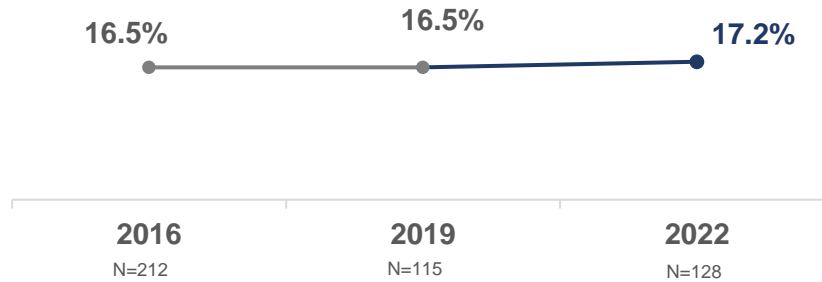
Lonely or Isolated (Question 24)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-two point nine percent of respondents (n=54) indicated they never felt lonely or isolated, and 38.9% of respondents (n=49) indicated they occasionally (1-2 days per month) felt lonely or isolated. Thirteen point five percent (n=17) reported they felt lonely or isolated sometimes (3-5 days per month).

81.8% of respondents either never felt lonely or occasionally felt lonely (1-2 days per month) in the past year

| Everyday | Most Days | Sometimes | Occasionally | Never |

| 2022 N=126 | | 13.5% | 38.9% | 42.9% |

0.0%   4.8%
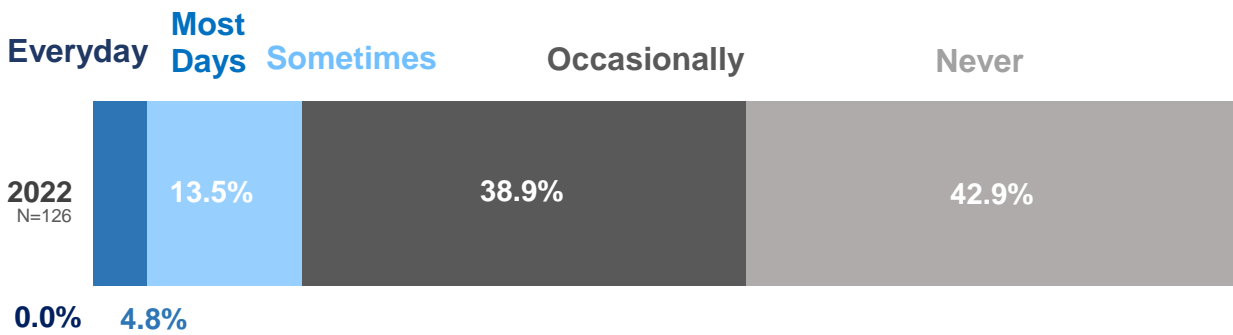
Perception of Stress (Question 25)

Respondents were asked to indicate how they would describe their stress level over the past year. Forty-five point seven percent of respondents (n=58) indicated they experienced a moderate level of stress, 31.5% (n=40) had a low level of stress, and 18.9% of respondents (n=24) indicated they had high levels of stress.

64.6% of respondents describe their stress level in the past year as moderate or high.

|	High	Moderate	Low	Unsure, rather not say
2022 N=142	18.9%	45.7%	31.5%	3.9%
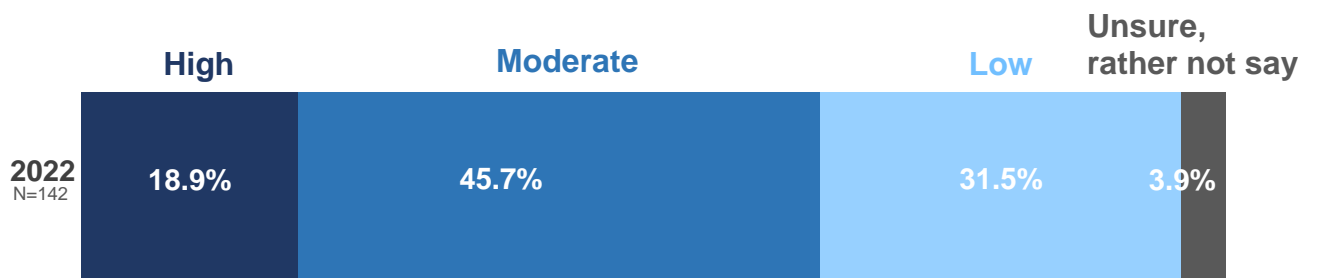
Rating of Mental Health (Question 26)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Sixty-one point nine percent of respondents (n=78) felt their mental health was "Good," 19.8% (n=25) rated their mental health as "Fair", and 16.7% of respondents (n=21) felt their mental health was "Excellent".

Over 60% of respondents rated their mental health as good

2022
N=126

Poor   1.6%

Fair   19.8%

Good   61.9%

Excellent   16.7%
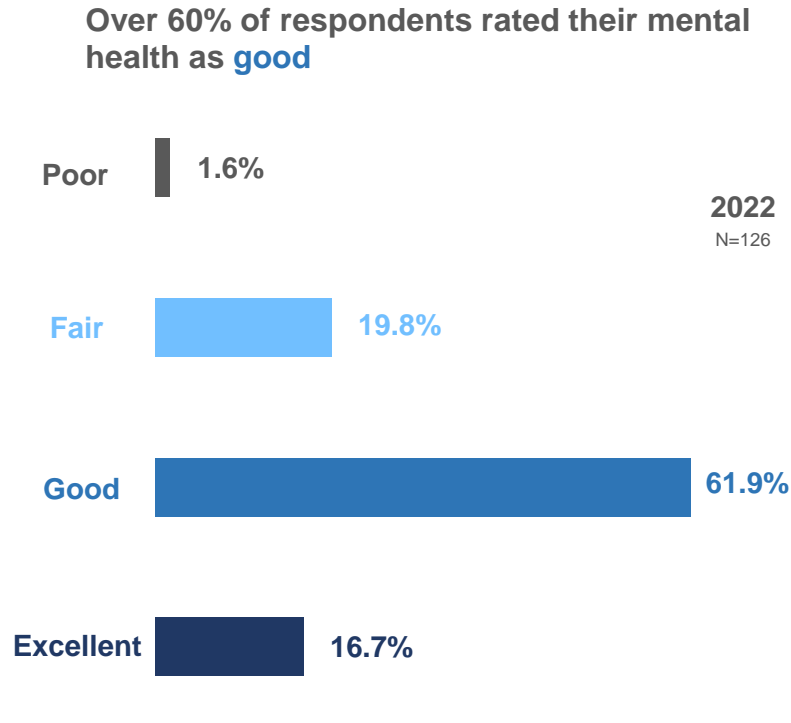
Impact of Substance Abuse (Question 27)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else's substance abuse issues, including alcohol, prescription, or other drugs. Fifty-five point nine percent of respondents (n=71) indicated their life was "Not at all" affected. Twenty-one point three percent of respondents (n=27) indicated they were "Somewhat" negatively affected, while 19.7% of respondents (n=25) indicated their life was affected "A little" by their own or someone else's substance abuse issues.

Over one in five respondents were somewhat affected by their own or someone else's substance use issues

Not at all — 55.9%

A little — 19.7%
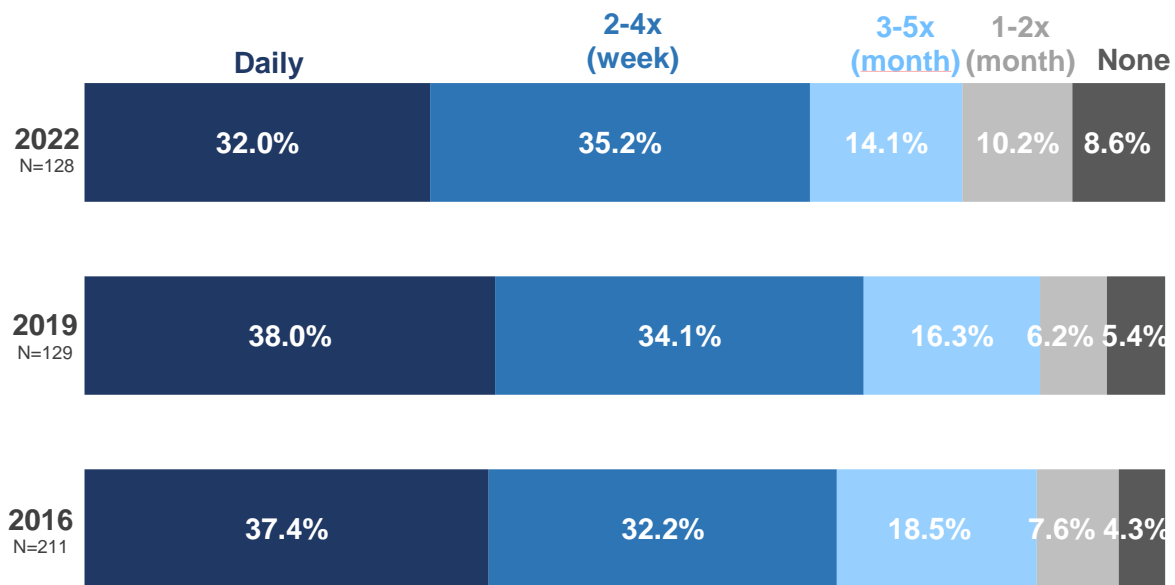
2022
N= 127

Somewhat — 21.3%

A great deal — 3.1%
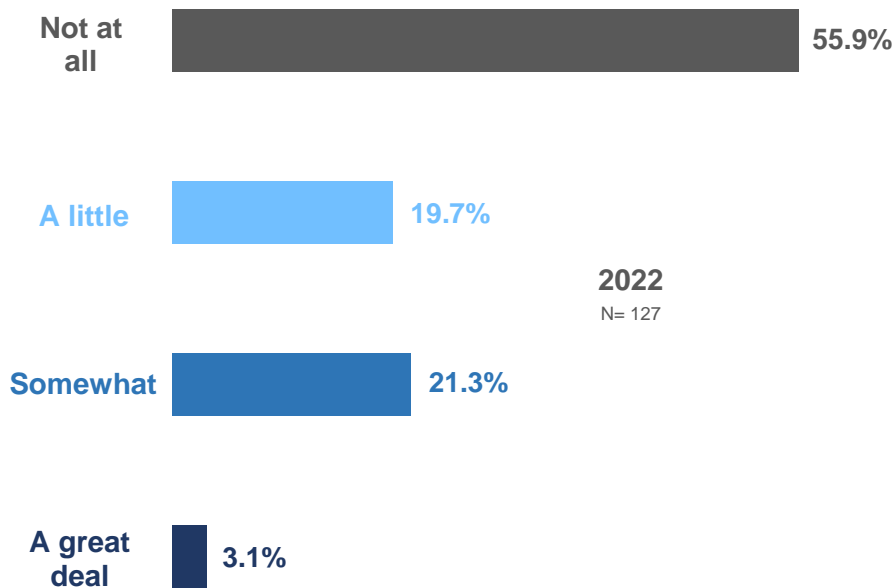
Physical Activity (Question 28)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-five point two percent of respondents (n=45) indicated they had physical activity "2-4 times per week," and 32.0% (n=41) indicated they had physical activity of at least twenty minutes "Daily." Eight point six percent of respondents (n=11) indicated they had "No physical activity."

Respondents report being less physically active in 2022 compared to 2019

	Daily	2-4x (week)	3-5x (month)	1-2x (month)	None
2022 N=128	32.0%	35.2%	14.1%	10.2%	8.6%
2019 N=129	38.0%	34.1%	16.3%	6.2%	5.4%
2016 N=211	37.4%	32.2%	18.5%	7.6%	4.3%

Difficulty Getting Prescriptions (Question 29)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Ten point two percent of respondents (n=13) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Seventy-eight point one percent of respondents (n=100) indicated that they did not have trouble getting or taking prescriptions, while 11.7% of respondents (n=15) stated it was not a pertinent question for them.

Cost as a barrier to taking medications has slightly increased since the 2019 assessment

3.3% increase in 3 years

13.2%

6.9%

10.2%

2016
N=190

2019
N=130

2022
N=128
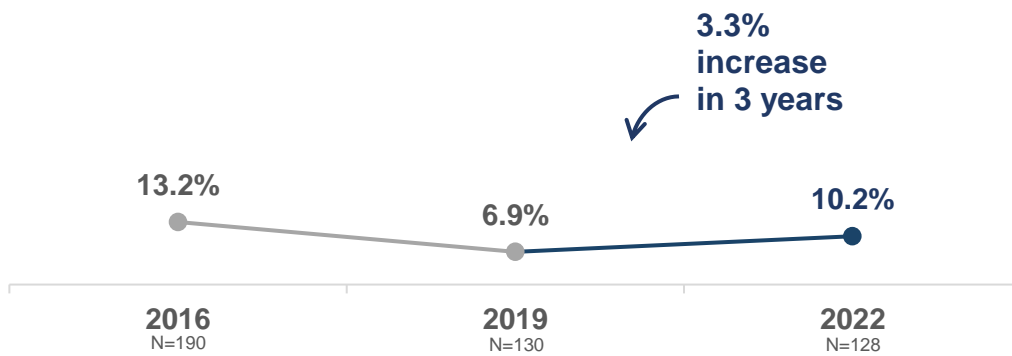
Food Insecurity (Question 30)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 95.3% (n=121), were not worried, but 4.7% (n=6) were concerned about not having enough to eat.

The majority of respondents did not worry about having enough food

3.9% 4.7%

2019 **2022**
N=127 N=127

Affordable Housing (Question 31)

Respondents were asked if they felt the community had adequate and affordable housing options available. Forty-one point seven percent (n=53) of respondents indicated that they "Don't know," while 36.2% (n=46) of respondents stated "No." Twenty-two percent (n=28) of respondents feel that "Yes" there are adequate and affordable housing options in the community.

36.2% of respondents do not feel that the community has adequate or affordable housing options

Don't
know

Yes

22.0%

41.7%

2022
(n=127)

36.2%

No
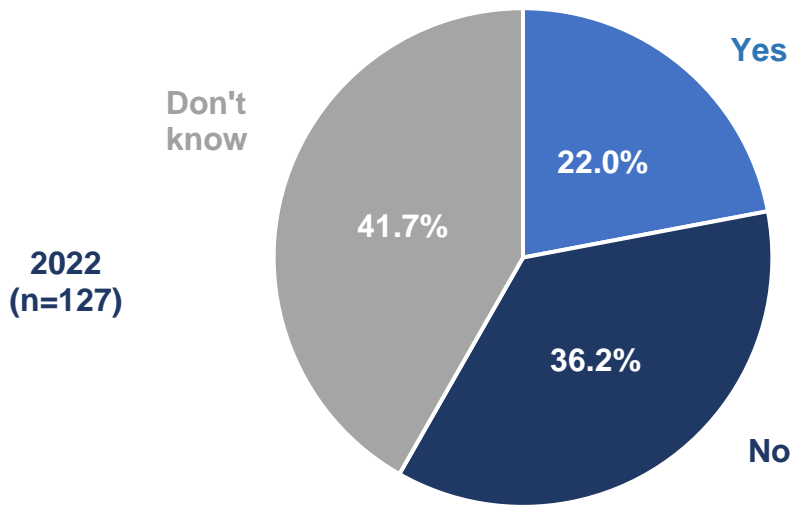
Injury Prevention (Question 32)

Respondents were asked to select which prevention measures they use regularly. The option selected most often was "Seat belt" at 91.3% (n=116) of respondents. Forty-seven point two percent (n=60) identified "Regular exercise" and 22.8% (n=29) selected "Child car seat/booster." Respondents could select all that apply.

Prevention devices	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	132	127	
Seat belt	78.8% (104)	91.3% (116)	■
Regular exercise	50.0% (66)	47.2% (60)	☐
Child car seat/booster	17.4% (23)	22.8% (29)	☐
Designated driver	19.7% (26)	18.1% (23)	☐
Ear/hearing protection	22.0% (29)	18.1% (23)	☐
Helmet	11.4% (15)	9.4% (12)	☐
None	9.8% (13)	3.1% (4)	■

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

Medical Insurance Type (Question 33)

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-two point five percent (n=41) indicated they have "Employer sponsored" coverage. Twenty-nine point four percent (n=37) indicated they have "Medicare" coverage, and 16.7% (n=21) selected "Other."
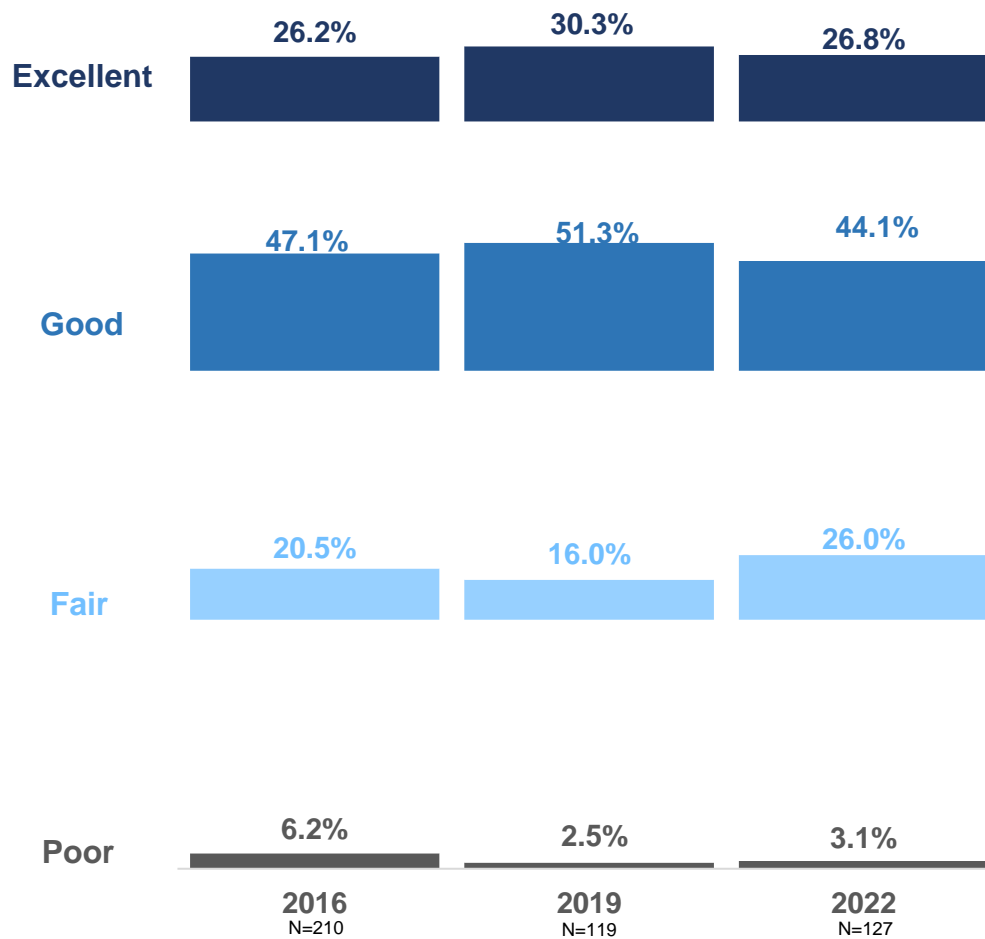
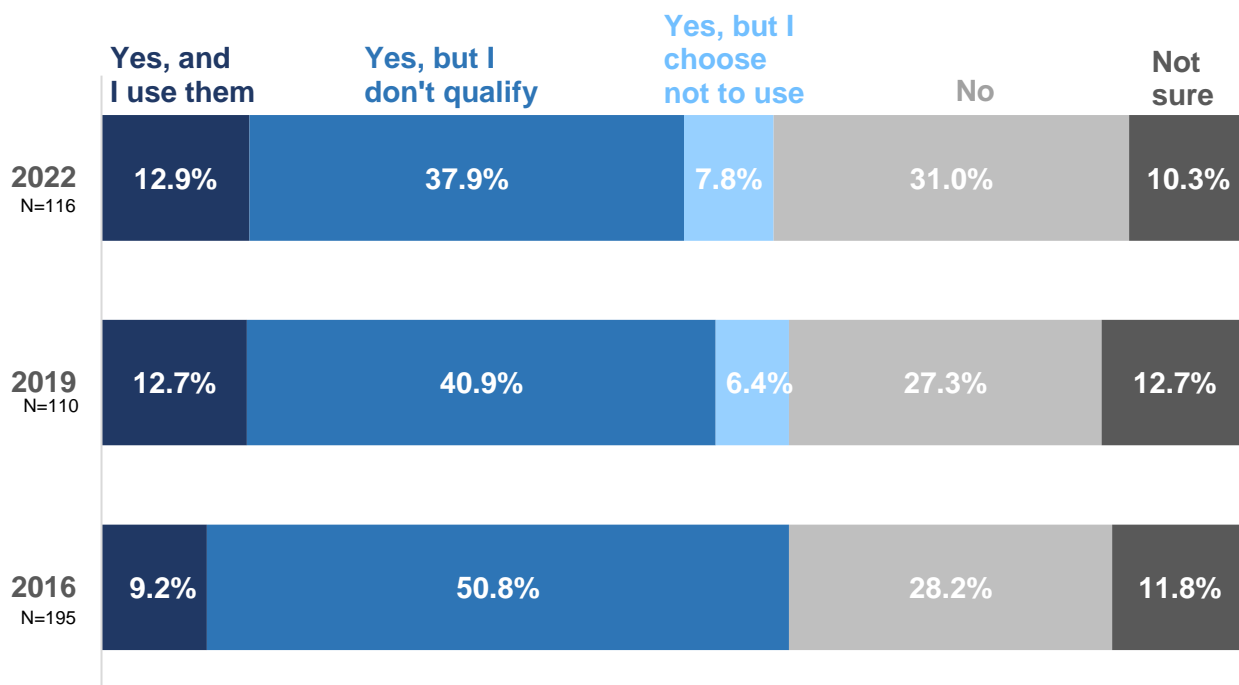| Type of Health Insurance	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	186	129	126
Employer sponsored	45.2% (84)	35.7% (46)	32.5% (41)
Medicare	26.3% (49)	26.4% (34)	29.4% (37)
Health Insurance Marketplace	4.3% (8)	3.9% (5)	6.3% (8)
Private insurance/private plan	11.8% (22)	3.1% (4)	6.3% (8)
Health Savings Account	0.5% (1)	1.6% (2)	3.2% (4)
Healthy MT Kids	1.6% (3)	0.8% (1)	2.4% (3)
Medicaid	1.6% (3)	2.3% (3)	1.6% (2)
VA/military	1.6% (3)	1.6% (2)	1.6% (2)
Indian Health	0.0% (0)	0.0% (0)	0.0% (0)
State/Other	1.1 (2)		0.0% (0)
None/pay out of pocket	4.3% (8)	6.2% (8)	0.0% (0)
Other*	1.6% (3)	18.6% (24)	16.7% (21)
TOTAL	**99.9% (186)**	**100.2% (129)**	**100.0% (126)**

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=21) who selected over the allotted amount were moved to "Other."

Insurance and Healthcare Costs (Question 34)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-four point one percent of respondents (n=56) indicated they felt their insurance covers a "Good" amount of their healthcare costs. Twenty-six point eight percent of respondents (n=34) indicated they felt their insurance covered an "Excellent" amount, and 26.0% of respondents (n=33) indicated they felt their insurance covered a "Fair" amount of their health costs.

Over 70% of respondents feel that their health insurance offers excellent or good coverage

	2016	2019	2022
Excellent	26.2%	30.3%	26.8%
Good	47.1%	51.3%	44.1%
Fair	20.5%	16.0%	26.0%
Poor	6.2%	2.5%	3.1%
	2016 N=210	**2019** N=119	**2022** N=127

Barriers to Having Insurance (Question 35)

There were no respondents who indicated they did not have insurance for the 2022 survey. The top reason selected for not having insurance in the previous two assessments was "Can't afford to pay for health insurance."

Reasons for No Health Insurance	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	8	8	0	
Can't afford to pay for health insurance	87.5% (7)	87.5% (7)	0.0% (0)	☐
Choose not to have health insurance	0.0% (0)	12.5% (1)	0.0% (0)	☐
Employer does not offer insurance	12.5% (1)	37.5% (3)	0.0% (0)	☐
Too confusing/don't know how to apply			0.0% (0)	☐
Other	0.0% (0)	0.0% (0)	0.0% (0)	☐

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

Awareness of Health Cost Assistance Programs (Question 36)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-seven point nine percent of respondents (n=44) indicated that they were aware of these programs but did not qualify to utilize them, and 31.0% (n=36) indicated they were not aware of cost assistance programs.

Over 30% of 2022 respondents are not aware **of programs that help people pay for healthcare expenses**

	Yes, and I use them	Yes, but I don't qualify	Yes, but I choose not to use	No	Not sure
2022 N=116	12.9%	37.9%	7.8%	31.0%	10.3%
2019 N=110	12.7%	40.9%	6.4%	27.3%	12.7%
2016 N=195	9.2%	50.8%		28.2%	11.8%

KEY INFORMANT INTERVIEW RESULTS

Key Informant Interview Methodology

Four key informant interviews were conducted in April 2022. Participants were identified as people living in Glendive Medical Center's service area.

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

Key Informant Interview Themes

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

MENTAL HEALTH

Key informant participants expressed concerns about mental health issues and a subsequent need for additional resources to address mental health in the community. One participant mentioned, "I would like to see additional mental health services and programs targeted at addressing the stigma associated with accessing services." Several members suggested support groups as a feasible intervention for targeting the stigma that can come with accessing mental health services. Expanded telehealth was also discussed as a way to improve the communities access to mental health services and resources.

Several participants suggested that there may be some community confusion around where to access mental health services. One key informant stated, "People get confused or do not know how to access them [mental health resources]. People think that the hospital runs most of these services when they really do not." Increasing outreach about where to access the mental health resources that are available, was widely encouraged by participants.

PATIENT NAVIGATION

Several issues relating to billing, public assistance programs, and accessibility were brought up by community members during the four interviews. Participants noted that there was no office of public assistance in Glendive and that "the nearest office for public assistance is some 70 miles away." Community members highlighted that with no such office or resource, people have a lot of trouble signing up for programs like Medicaid and S.N.A.P. and that the paperwork can often be a major deterrence. One interviewee noted, "I help people all the time fill out those applications because they are not capable, we also cannot do them over the phone. We need a trained and designated person for those services."

Participants expressed a need for an improved billing and navigation system and one community member stated, "I think they have great services but their billing is very difficult to navigate, and the billing system is often incorrect (sending bills after already paid, etc.,)." Another participant did mention however that, "The electronic bill paying system at the hospital now works and that has been very nice." Participants overall emphasized a need for clearer and more accessible means of paying for and accessing services.

SERVICES NEEDED IN THE COMMUNITY

- Primary care providers
- More specialists
- Home health and hospice
- Alcohol and substance abuse services
- More outreach and awareness of local services
- Mental and behavioral health resources
- Better access to enrollment in resources like Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits
- Preventive health education (healthy eating, active living, smoking cessation, weight management, etc.)
- Better access for youth recreational and health education opportunities
- Expanded hours for outpatient services

EXECUTIVE SUMMARY

Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Interviews
Access to Healthcare Services			
Barriers to access			
More primary care providers	⊗	✓	☑
Specialty services (i.e., Orthopedics, cardiology, mental health, dermatology)	⊗	✓	☑
Transportation assistance		✓	☑
Additional telehealth services		✓	☑
Access to childcare/after school programs		✓	☑
Wait time for appointments		✓	
Cost of services			
Affordability and insurance	⊗	✓	☑
Healthcare navigator (i.e., Assistance signing up for insurance, Medicare, or Medicaid)		✓	☑
Payment assistance programs (healthcare expenses)		✓	☑
Senior Services			
Larger Percentage with disability	⊗		
Home health and hospice		✓	☑
Large population > 65 years of age	⊗	✓	
Chronic Disease Prevention			
Overweight/obesity/physical inactivity	⊗	✓	☑
Cancer	⊗	✓	☑
Heart Disease		✓	☑

Summary continued on the next page

Mental and Behavioral Health			
More mental health services/resources	⊗	✓	☑
Alcohol/substance abuse	⊗	✓	☑
Depression/anxiety		✓	☑
Socioeconomic and Health Measures			
Cancer	⊗	✓	
Diabetes		✓	☑
Affordable housing		✓	☑
Vaccination [i.e., children up-to-date (UTD), HPV UTD, vaccine preventable diseases]	⊗		

NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from 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:

- Cancer

- Alcohol/substance abuse

- Mental Health

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

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

Available Community Resources

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

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

Evaluation of Previous CHNA & Implementation Plan

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

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

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

Goal 1: Improve access to mental and behavioral health services and resources in Dawson County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Increase awareness of available mental and behavioral health programs in Dawson County.	Convene community stakeholder/provider group to discuss mental and behavioral health resources, gaps and opportunities.	Ongoing	Ongoing
	Assess and catalogue available mental and behavioral health resources in Dawson County.	Met with various organizations including law enforcement on resources.	Resources have been identified. Many have referred patients to our in-patient Behavioral Health unit for care.
	Develop dissemination plan for new behavioral/mental health resource guide.	Collaborated on brochure featuring all behavioral/mental health resources in area. Available at various locations in county.	Brochure is available at various locations in town for easy access by community.
	Expand GMC workforce to include a behavioral health care coordination position.	Hired Psychiatrist and five Behavioral Health providers to grow our team to a full team of six providers.	Team is able to handle influx of patients and provide individualized assessment and care.
Strategy 1.2: Improve outreach and education regarding alcohol and substance use disorder in the community.	Provide GMC staff to engage in local community groups that are working to address alcohol and substance use disorders in Glendive and Dawson County.	Ongoing	Ongoing
	Explore opportunities to partner with community stakeholders to provide education and prevention outreach (i.e. local	Ongoing	Ongoing

	Activities	Accomplishments	Community Impact/Outcomes
	schools, police, community mental health providers).		
	Develop and host a medication disposal event at GMC. Create marketing and outreach related to disposal program/event.	Ongoing	Ongoing
	Explore feasibility of offering a chronic pain management program.	Initiated pain management clinic – in development.	Pain Management Clinic is providing care for patients with chronic pain.

Goal 2: Support programs and events that promote healthy lifestyles and choices in Dawson County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 2.1: Enhance GMC programs and community events that support healthy behaviors and lifestyles.	Continue to support local events and programs that promote healthy lifestyles (goat yoga, fun runs, Breast Cancer 5k, etc.).	Sponsored Goat Yoga event at Fair Coordinated and have grown Breast Cancer 5k each year Participated in Shape Up MT twice/year with GMC staff competition Participate and promote Walk With Ease Program GMC Staff competes in annual Dawson Days Triathlon	We have grown participation in events year after year. Events include various types of exercise and health, wellness, and preventative education are the focus. Resources are advertised for patrons.
	Continue to participate in and promote Building Active Glendive and Dawson County Healthy Communities efforts.	Marketing Director attends meetings each month. Sponsor events for both organizations.	GMC has collaborated with various health and wellness (physical, emotional, menta) organizations in town and provided sponsorship, participation, and resources to more of the community through these activities.
	Host annual community health fair and provide/promote low/no-cost wellness screenings and sports physicals.	Held Community Health Fair at GMC (years). Also provide low cost blood panel draw one time per year outside of Community Health Fair (total of 2 blood panel draws per year per patient at low cost) Hold Wellness Screenings/Sports Physicals each summer for high school students.	Both events have grown each year. Covid shut down our event for 2020 and 2021 but we offered the low cost blood panels on an individual basis instead. Sports Physicals have been enhanced to offer the option of Well Child checks that focus on the "whole child" rather than just the general physical assessment.
	Engage with community partners to enhance community trail access and utilization through a hospital/clinic-based program (ex. Trails Rx, Walk with a Doc).	GMC promotes Walk With Ease for staff and patients. Program provides challenges and email information for health and wellness to participants. GMC adopted the Paramount Trail in Makoshika – staff is responsible for hiking the trail, cleaning it, and	Participation has grown for the Walk With Ease and Arthritis education has provided participants with ways to stay healthy and active.

	Activities	Accomplishments	Community Impact/Outcomes
		identifying noxious weeds and possible safety hazards throughout the spring to fall seasons.	Several teams from GMC have already gone out and walked the 2 mile trail and provided clean up and safety measures for the community and tourists.
	Explore development of a women's health and wellness program upon expansion of OB/GYN staff.	New program offering guidance and emotional and mental health support for postpartum parents for the first three months after birth.	The Nesting Place is a new support class for new parents that offers emotional support and guidance with newborns.
	Explore development of a nutrition education/outreach program through hospital/clinic (farm to table efforts, healthy food choices, healthy meal prep/recipes).	Registered Dietician provides regular education on nutrition to high school students.	High School students learned about various ways to eat healthier through a course during the semester.
	Enhance prevention, wellness promotion, and educational outreach efforts to promote engagement in chronic care management and annual wellness visits.	Chronic Care management program in place. Director and provider visits patients monthly. Blood profiles marketed to public at a discounted rate. Lifestyle Balance class offered for pre-diabetic patients.	Chronic Care management program is assessed monthly by director and providers. Blood profiles are marketed to public regularly. A fair is being scheduled for this Fall. Lifestyle Balance was on hold through the pandemic. New class is looking to begin again this Fall.

Goal 3: Improve access to healthcare services in Dawson County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 3.1: Enhance Dawson County community's access to specialty services.	Explore opportunities to grow available specialty services at GMC (onsite and via telemedicine).	Telehealth offered during pandemic. Telehealth continues with Billings Clinic specialists as well as out of state specialty hospitals – dermatology, cardiology, oncology, nephrology, neurology, behavioral health, burn centers, etc…	This service provided care to patients who were home bound during the pandemic. It continues to provide specialty care to patients who are unable to travel.
Strategy 3.2: Improve the community's access to healthcare by enhancing knowledge of available services and resources	Enhance GMC's outreach and education related to current services and resources. Assess current efforts and explore new opportunities and modalities.	Ongoing marketing and advertising of services and resources through various platforms: Social Media, Newspaper, Radio, Website, Community Events, Community Organizations. Beginning online radio platforms.	Our social media platforms have continued to grow in engagement and the tone of patient satisfaction with our facility is positive. We continue to change with the way people engage and are beginning more digital advertising.

Enhance knowledge of available financial assistance programs/charity care, discount programs, and payment programs.	Began program with local Bravera Bank for no interest/no credit check loan payment program for patients to assist in repayment at lower cost.	Patients are able to set up an affordable payment program.
Create educational offerings (presentations, videos, etc.) to educate the community on insurance plan options (Medicare, Medicaid, supplemental, Marketplace, etc.), billing, and financial assistance resources.	Brochures and website offer information on insurance plan options. Patient Advocate Liaison also provides education and guidance for patients.	Patients have access to brochures throughout the facility, from the PAL, and through our website anytime.
Continue patient navigator program to assist patients in accessing healthcare insurance, services, and resources.	Patient Advocate Liaison (PAL) in place.	PAL continues to assist patients with various medical treatments, insurance, and payment options.

APPENDICES

Appendix A- Steering Committee

Steering Committee Member	Organization Affiliation
Parker Powell	CEO, Glendive Medical Center
Jaime Shanks	GMC Marketing Director, Dawson County Healthy Communities Coalition Chairperson
Sam Hubbard	VP of Operations, GMC
Bill Robinson	Chief Financial Officer (CFO), GMC
Jill Domek	VP of Clinical Services, GMC
Shawna Dorwart	VP of Patient Care Services, GMC
Vernone Spencer	GMC Auxiliary Chairperson
Laureen Murphree	Dawson County Public Health Official
Terra Burman	Glendive Chamber of Commerce
Danica Vaira	Executive Assistant, GMC
Kate Bosworth	HR Director, GMC

Appendix B- Public Health & Populations Consultation

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

Name/Organization

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

First Steering Committee   March 24th, 2022
Key informant interviews   April 2022
Second Steering Committee   June 27th, 2022

Public and Community Health

- Breaking out social media into all modes (Facebook/Instagram/TikTok) so we can really identify where people are getting information.
- Adding in mental health providers instead of mental health center for services used other than the hospital, because there are quite a few.
- Also adding in private practice providers for the same above question.
- Payment assistance programs should remain in so we can gage if participants are utilizing those programs or even know about them.
- Similarly, keeping lactation/breastfeeding support in the survey for the same reason.
- We do have an obesity problem in the community, highlighting some of those programs/classes could be useful.
- We would like to leave COVID off of the survey as the topic is often polarizing and we may lose participants if included.
- Include privacy/confidentiality as an option for reasons for selecting hospital and primary care provider.
- Include question about affordable housing options to see what the community perspective and experience is like.

Appendix C- Dawson Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population[1]		9,017			1,050,649			324,697,795		
Population Density[1]		3.8			7.1			85.5		
Veteran Status[1]		9.9%			10.4%			7.3%		
Disability Status[1]		15.6%			13.6%			12.6%		
Age[1]		**<5**	**18-64**	**65+**	**<5**	**18-64**	**65+**	**<5**	**18-64**	**65+**
		6.4%	60.2%	18.6%	5.8%	60.1%	18.2%	6.1%	61.7%	15.6%
Gender[1]		**Male**	**Female**		**Male**	**Female**		**Male**	**Female**	
		52.8%	47.2%		50.3%	49.7%		49.2%	50.8%	
Race/Ethnic Distribution[1]	White	96.1%			91.4%			75.3%		
	American Indian or Alaska Native	3.6%			8.3%			1.7%		
	Other †	1.9%			3.7%			26.5%		

[1] US Census Bureau - American Community Survey (2019)   † Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

Highest Degree Obtained [1]

Chart showing "Highest Degree Obtained" as stacked bar charts for Dawson County, Montana, and United States.

Dawson County:
- Graduate or professional degree: 6.8%
- Bachelor's degree: 15.4%
- Associate's degree: 14.8%
- Some college, no degree: 21.8%
- High school graduate (includes equivalency): 34.2%
- No High School Diploma: 7.0%

Montana:
- Graduate or professional degree: 10.6%
- Bachelor's degree: 21.5%
- Associate's degree: 9.3%
- Some college, no degree: 23.4%
- High school graduate (includes equivalency): 28.8%
- No High School Diploma: 6.4%

United States:
- Graduate or professional degree: 12.4%
- Bachelor's degree: 19.8%
- Associate's degree: 8.5%
- Some college, no degree: 20.4%
- High school graduate (includes equivalency): 27.0%
- No High School Diploma: 12.0%

Legend:
- Graduate or professional degree
- Bachelor's degree
- Associate's degree
- Some college, no degree
- High school graduate (includes equivalency)
- No High School Diploma

1 US Census Bureau - American Community Survey (2019)

Socioeconomic Measures (%)	County	Montana	Nation
Median Income[1]	$58,596	$54,970	$62,843
Unemployment Rate[1]	1.8%	4.0%	5.3%
Persons Below Poverty Level[1]	11.1%	13.1%	13.4%
Children in Poverty[1]	9.0%	15.8%	18.5%
Internet at Home[2]	78.0%	81.5%	-
Households with Population Age 65+ Living Alone[2]	697	52,166	-
Households Without a Vehicle[2]	127	21,284	-
Households Receiving SNAP[2]	300	56,724	-
Eligible Recipients of Free or Reduced Price Lunch[3] *2019/2020 school year*	23.4%	42.9%	-
Enrolled in Medicaid[4, 1]	6.5%	9.7%	19.8%
Uninsured Adults[5, 6] *Age <65*	9.0%	12.0%	12.1%

Uninsured Children[5, 6] *Age <18*	5.0%	6.0%	5.1%

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

Maternal Child Health	County	Montana	Nation
General Fertility Rate*[7] *Per 1,000 Women 15-44 years of age (2017-2019)*	63.0	59.3	-
Preterm Births[7] *Born less than 37 weeks (2017-2019)*	9.8%	9.4%	-
Adolescent Birth Rate[7] *Per 1,000 years females 15-19 years of age (2017-2019)*	NA	18.3	-
Smoking during pregnancy[3, 8]	17.7%	16.5%	7.2%
Kotelchuck Prenatal Care[7]** *Adequate or Adequate-Plus (2017-2019)*	76.4%	75.7%	-
Low and very low birth weight infants[7] *Less than 2500 grams (2017-2019)*	NA	7.6%	-
Childhood Immunization Up-To-Date (UTD)[§ 9]	70.3%	64.8%	-

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

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

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

Behavioral Health	County	Montana	Nation
Adult Smoking[5]	19.0%	19.0%	16.0%
Excessive Drinking[5]	23.0%	22.0%	15.0%
Adult Obesity[5]	38.0%	27.0%	26.0%
Poor Mental Health Days[5] *(Past 30 days)*	4.1	3.9	3.8
Physical Inactivity[5]	28.0%	22.0%	19.0%
Do NOT wear seatbelts[10] *State Age-Adjusted Prevalence (2018)* *Nation Crude Prevalence (2018)*	-	10.3%	6.3%
Drink and Drive[10] *State Age-Adjusted Prevalence (2018)* *Nation Crude Prevalence (2018)*	-	3.7%	3.1%

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

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD †† [11, 12] *Adolescents 13-17 years of age (2020)*	8.5%	54.4%	58.6%

Cervical cancer screening in past 3 years[13, 10] *Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2018)*	84.9%	76.8%	80.1%
Mammography in past 2 years[13, 10] *Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018)*	68.6%	73.4%	78.3%
Colorectal Cancer Screening[13, 10] *Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)*	60.9%	64.5%	69.7%

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

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

Infectious Disease Incidence Rates[14] *Per 100,000 people (2015-2017)*	County	Montana
Enteric Diseases *	88.4	80.1
Hepatitis C virus	56.8	93.4
Sexually Transmitted Diseases (STD) †	145.0	551.6
Vaccine Preventable Diseases (VPD) §	49.5	91.5

[14] IBIS Community Snapshot, MT-DPPHS

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

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

Chronic Conditions[10]	County	Montana	Nation
Cardiovascular Disease (CVD) prevalence *Adults aged 18 years and older (2014-2016)*	**	7.9	8.6
Chronic Obstructive Pulmonary Disease (COPD) prevalence *Adults aged 18 years and older (2014-2016)*	**	6.6	6.4
Diabetes Prevalence *Adults aged 18 years and older (2014-2016)*	**	8.3	10.6
Breast Cancer Incidence Rate *Age-Adjusted Per 100,000 population (2014-2016)*	126.6	125.0	124.1

Cervical Cancer Incidence Rate *Age-Adjusted Per 100,000 population (2014-2016)*	**	7.9	7.4
Colon and Rectum Cancer (CRC) Incidence Rate *Age-Adjusted Per 100,000 population (2014-2016)*	**	37.1	38.9
Lung Cancer Incidence Rate *Age-Adjusted Per 100,000 population (2014-2016)*	53.9	52.2	60.0
Melanoma Cancer Incidence Rate *Age-Adjusted Per 100,000 population (2014-2016)*	**	26.3	21.0
Prostate Cancer Incidence Rate *Age-Adjusted Per 100,000 population (2014-2016)*	144.6	109.6	103.0

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

Percent of Montana Adults with Two or More Chronic Conditions

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

[10] Behavioral Risk Factor Surveillance System, CDC (2019)

Chronic Conditions

All — 38%

Frontier — 41%
Micropolitan — 36%
Small Metro — 36%

Disability* — 69%
No Disability — 30%
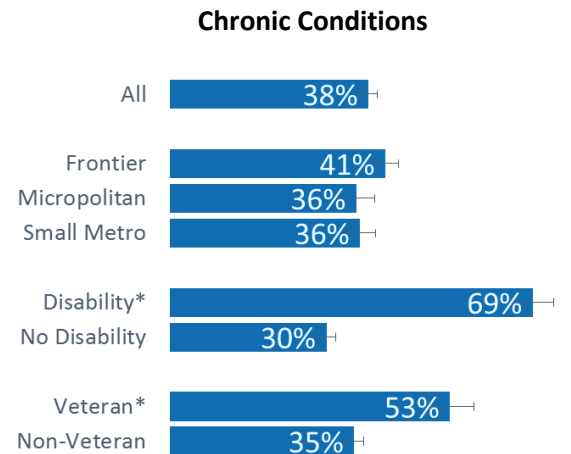
Veteran* — 53%
Non-Veteran — 35%

Mortality	**County**	**Montana**	**Nation**
Suicide Rate[15] *Per 100,000 population (20092018)*	**	23.9	-
Veteran Suicide Rate[15] *Per 100,000 population (2009-2018)*	-	65.7	38.4
Alzheimer's Disease Mortality Rate[16]	-	21.7	-

Turn to BACK of page to continue

Age-Adjusted per 100,000 population (2017- 2019)			
Pneumonia/Influenza Mortality Rate[17] *Age-Adjusted per 100,000*	-	10.5	12.3
Leading Causes of Death[16, 18]	-	1. Heart Disease 2. Cancer 3. Chronic Lower Respiratory Disease (CLRD)	1. Heart Disease 2. Cancer 3. Unintentional injuries

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

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

[10] Behavioral Risk Factor Surveillance System, CDC (2019)   *Annual household income < $15,000

Youth Risk Behavior[19]	**Montana**		**Nation**
	White, non-Hispanic	**American Indian/Alaska Native**	
Felt Sad or Hopeless *Almost every day for two weeks or more in a row, during the past 12 months*	35.3%	39.6%	36.7%

Attempted Suicide *During the past 12 months*	8.7%	15.4%	8.9%
Lifetime Cigarette Use *Students that have ever tried smoking*	28.3%	48.9%	24.1%
Currently Drink Alcohol *Students that have had at least one drink of alcohol on at least one day during the past 30 days*	34.3%	25.3%	29.2%
Lifetime Marijuana Use *Students that have used marijuana one or more times during their life*	36.9%	58.9%	36.8%
Texting and Driving *Among students who drove a car in the past 30 days*	55.2%	39.6%	39.0%
Carried a Weapon on School Property *In the last 30 days*	7.2%	3.2%	2.8%

19 Montana Youth Risk Behavior Survey (2019)

Appendix D- Survey Cover Letter

April 15th, 2022

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to **WIN one of five $100 Visa Gift Cards!**

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

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

1. Due date to complete survey: 5/20/2022
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at http://helpslab.montana.edu/survey.html. Select "Glendive Medical Center Survey." Your access code is [CODED]
4. The winners of the gift cards will be contacted the week of 5/31/2022.

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

Thank you for your assistance. We appreciate your time.

Sincerely,

Parker Powell, CEO

Appendix E- Survey Instrument

Community Health Services Development Survey Glendive, Montana

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

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

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

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

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

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

☐ Stroke
☐ Suicide
☐ Tobacco use (cigarettes, vaping/e-cigarettes, smokeless)
☐ Trauma/Adverse Childhood Experiences (ACES)
☐ Work/economic stress
☐ Work related accidents/injuries
☐ Other: _____

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

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

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

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

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

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

☐ Healthcare provider
☐ Instagram
☐ Mailings/newsletter
☐ Presentations
☐ Radio (KXGN, KGLE, KDZN)
☐ Ranger Review

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

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

- ☐ Alternative medicine (ex. Chiropractor)
- ☐ Dawson County Health Department
- ☐ Dentist
- ☐ Fitness center
- ☐ Food bank
- ☐ Home care services
- ☐ Massage therapy
- ☐ Meals on Wheels
- ☐ Medical marijuana dispensary
- ☐ Mental health providers
- ☐ Optometrist
- ☐ Pharmacy
- ☐ Physical therapy services
- ☐ Private practice providers
- ☐ Senior Center
- ☐ Substance abuse services
- ☐ One Health
- ☐ Other: _____

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

- ☐ Cultural sensitivity
- ☐ Greater health education services
- ☐ Improved quality of care
- ☐ Interpreter services
- ☐ More information about available services
- ☐ More primary care providers
- ☐ More specialists
- ☐ Outpatient services expanded hours
- ☐ Payment assistance programs (healthcare expenses)
- ☐ Telemedicine
- ☐ Transportation assistance
- ☐ Other: _____

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

- ☐ Alcohol/substance abuse
- ☐ Alzheimer's
- ☐ Cancer
- ☐ Diabetes
- ☐ First aid/CPR
- ☐ Fitness
- ☐ Grief counseling
- ☐ Health and wellness
- ☐ Heart health
- ☐ Lactation/breastfeeding support
- ☐ Living will
- ☐ Men's health
- ☐ Mental health
- ☐ Nutrition
- ☐ Parenting
- ☐ Prenatal/postnatal support classes
- ☐ Senior wellness
- ☐ Smoking/tobacco cessation
- ☐ Support groups
- ☐ Weight loss
- ☐ Women's health
- ☐ Other: _____

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

- ☐ Adult immunizations
- ☐ Child immunizations
- ☐ Children's checkup/Well baby
- ☐ Cholesterol check
- ☐ Colonoscopy
- ☐ Blood draw
- ☐ Dental exam
- ☐ Flu shot
- ☐ Health education class
- ☐ Hearing check
- ☐ Mammography
- ☐ Mental health counseling
- ☐ Pap test
- ☐ Prostate (PSA)
- ☐ Routine blood pressure check
- ☐ Routine health checkup
- ☐ Vision check
- ☐ None
- ☐ Other: _____

10. 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

11. 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 13**)

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

- ☐ Could not get an appointment
- ☐ Could not get off work
- ☐ Didn't know where to go
- ☐ Don't like doctors
- ☐ Don't understand healthcare system
- ☐ Had no one to care for the children

- ☐ It cost too much
- ☐ It was too far to go
- ☐ Language/communication barrier
- ☐ My insurance didn't cover it
- ☐ No insurance
- ☐ Not treated with respect
- ☐ Office wasn't open when I could go

- ☐ Qualified provider not available
- ☐ Too long to wait for an appointment
- ☐ Too nervous or afraid
- ☐ Transportation problems
- ☐ Unsure if services were available
- ☐ Other: _____

13. 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 16)**

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

- ☐ Billings
- ☐ Bismarck, ND
- ☐ Dickinson, ND

- ☐ Glendive
- ☐ Miles City
- ☐ Sidney

- ☐ Wibaux
- ☐ VA
- ☐ Other: _____

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

- ☐ Appointment availability
- ☐ Clinic/provider's reputation for quality
- ☐ Closest to home
- ☐ Cost of care

- ☐ Indian Health Services
- ☐ Length of waiting room time
- ☐ Prior experience with clinic
- ☐ Privacy/confidentiality
- ☐ Recommended by family or friends

- ☐ Referred by physician or other provider
- ☐ Required by insurance plan
- ☐ VA/Military requirement
- ☐ Other: _____

16. 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 19)**

17. If yes, which hospital does your household use MOST for hospital care? **(Select ONLY 1)**

- ☐ Billings Clinic – Billings
- ☐ Dickinson, ND hospital
- ☐ Glendive Medical Center

- ☐ Holy Rosary – Miles City
- ☐ Sidney Health Center – Sidney
- ☐ St. Vincent's – Billings

- ☐ Other: _____

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

- ☐ Closest to home
- ☐ Closest to work
- ☐ Cost of care
- ☐ Emergency, no choice
- ☐ Financial assistance programs

- ☐ Hospital's reputation for quality
- ☐ Prior experience with hospital
- ☐ Privacy/confidentiality
- ☐ Recommended by family or friends

- ☐ Referred by physician or other provider
- ☐ Required by insurance plan
- ☐ VA/Military requirement
- ☐ Other: _____

19. 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 22)**

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

☐ Billings Clinic – Billings ☐ Holy Rosary – Miles City ☐ VA

☐ Dickinson, ND hospital ☐ Sidney Health Center – Sidney ☐ Other: _____

☐ Glendive Medical Center ☐ St. Vincent's – Billings

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

☐ Allergist ☐ Mental health counselor ☐ Psychiatrist (M.D.)

☐ Audiologist ☐ Neurologist ☐ Psychologist

☐ Cardiologist ☐ Neurosurgeon ☐ Pulmonologist

☐ Chiropractor ☐ OB/GYN ☐ Radiologist

☐ Dentist ☐ Occupational therapist ☐ Rheumatologist

☐ Dermatologist ☐ Oncologist ☐ Social worker

☐ Dietician ☐ Ophthalmologist ☐ Speech therapist

☐ Endocrinologist ☐ Optometrist ☐ Substance abuse counselor

☐ ENT (ear/nose/throat) ☐ Orthopedic surgeon ☐ Urologist

☐ Gastroenterologist ☐ Pediatrician ☐ Other: _____

☐ General surgeon ☐ Physical therapist

☐ Geriatrician ☐ Podiatrist

22. The following services are available through Glendive Medical Center. Please rate the overall quality for each service by circling your answer. **(Please circle N/A if you have not used the service)**

	Excellent	Good	Fair	Poor	Haven't Used	Don't Know
Behavioral Health	4	3	2	1	N/A	DK
Cancer Outreach Center (chemo)	4	3	2	1	N/A	DK
Chronic Pain Management	4	3	2	1	N/A	DK
Diabetes Education	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Extended Care/nursing home	4	3	2	1	N/A	DK
Family Practice	4	3	2	1	N/A	DK
In-patient services/hospital stay	4	3	2	1	N/A	DK
Internal medicine	4	3	2	1	N/A	DK
Labor and delivery	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
OB/GYN	4	3	2	1	N/A	DK
Orthopedics	4	3	2	1	N/A	DK
Pediatric services	4	3	2	1	N/A	DK
Radiology	4	3	2	1	N/A	DK
Rehabilitation services (physical, occupational, cardiac, speech)	4	3	2	1	N/A	DK
Respiratory Therapy	4	3	2	1	N/A	DK
Surgical services	4	3	2	1	N/A	DK
Urgent care	4	3	2	1	N/A	DK
Visiting Nurse/hospice	4	3	2	1	N/A	DK

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

☐ Yes ☐ No

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

☐ Everyday ☐ Sometimes (3-5 days per month) ☐ Never

☐ Most days (3-5 days per week) ☐ Occasionally (1-2 days per month)

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

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

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

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

28. 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

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

☐ Yes ☐ No ☐ Not applicable

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

☐ Yes ☐ No

31. Do you feel that the community has adequate and affordable housing options available?

☐ Yes ☐ No ☐ Don't know

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

☐ Child car seat/booster ☐ Helmet ☐ None

☐ Designated driver ☐ Regular exercise

☐ Ear/hearing protection ☐ Seat belt

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

☐ Employer sponsored ☐ Indian Health ☐ VA/Military

☐ Health Insurance Marketplace ☐ Medicaid ☐ None/pay out of pocket

☐ Health Savings Account ☐ Medicare ☐ Other: _____

☐ Healthy MT Kids ☐ Private insurance/private plan

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

☐ Can't afford to pay for heath insurance   ☐ Too confusing/don't know how to apply

☐ Choose not to have health insurance   ☐ Other: _____

☐ Employer does not offer insurance

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

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

Demographics

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

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

☐ 59330 Glendive   ☐ 59262 Savage   ☐ 59326 Fallon

☐ 59315 Bloomfield   ☐ 59349 Terry   ☐ Other: _____

☐ 59353 Wibaux   ☐ 59339 Lindsay

☐ 59215 Circle   ☐ 59259 Richey

38. What is your gender?

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

39. What age range represents you?

☐ 18-24   ☐ 35-44   ☐ 55-64   ☐ 75-84

☐ 25-34   ☐ 45-54   ☐ 65-74   ☐ 85+

40. What is your employment status?

☐ Work full time   ☐ Student   ☐ Not currently seeking employment

☐ Work part time   ☐ Collect disability

☐ Retired   ☐ Unemployed, but looking   ☐ Other: _____

999959
Please return in the postage-paid envelope enclosed with this survey or mail to:

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

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

Appendix F- Cross Tabulation Analysis

Knowledge Rating of Glendive Medical Center Services by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Friends/family	12.0% (10)	57.8% (48)	28.9% (24)	1.2% (1)	**83**
Word of mouth/reputation	10.7% (8)	52.0% (39)	34.7% (26)	2.7% (2)	**75**
Healthcare provider	14.9% (10)	53.7% (36)	28.4% (19)	3.0% (2)	**67**
Ranger Review	14.3% (9)	52.4% (33)	31.7% (20)	1.6% (1)	**63**
Dawson County Health Department	10.0% (6)	58.3% (35)	30.0% (18)	1.7% (1)	**60**
Facebook	14.8% (8)	55.6% (30)	27.8% (15)	1.9% (1)	**54**
Website/internet	23.3% (7)	50.0% (15)	26.7% (8)	-	**30**
Radio (KXGN, KGLE, KDZN)	13.8% (4)	58.6% (17)	27.6% (8)	-	**29**
Mailings/newsletter	18.5% (5)	74.1% (20)	7.4% (2)	-	**27**
TV	6.7% (1)	53.3% (8)	40.0% (6)	-	**15**
Community bulletin boards	21.4% (3)	57.1% (8)	21.4% (3)	-	**14**
Billboards	27.3% (3)	54.5% (6)	18.2% (2)	-	**11**
Instagram	100.0% (1)	-	-	-	**1**
TikTok	-	-	100.0% (1)	-	**1**
Other	25.0% (1)	25.0% (1)	50.0% (2)	-	**4**

* "Presentations" and "Spotify/Pandora" removed from mode of learning (first column) due to non-response.

Delay or Did Not Get Needed Healthcare Services by Residence

	Yes	No	Total
59330 Glendive	37.5% (39)	62.5% (65)	**104**
59353 Wibaux	-	100.0% (13)	**13**
59215 Circle	-	100.0% (3)	**3**
59326 Fallon	100.0% (2)	-	**2**
59315 Bloomfield	-	100.0% (1)	**1**
59262 Savage	-	100.0% (1)	**1**
59349 Terry	100.0% (1)	-	**1**
59259 Richey	100.0% (1)	-	**1**
TOTAL	**34.1% (43)**	**65.9% (83)**	**126**

* "59339 Lindsay" and "Other" removed from residence (first column) due to non-response.

Location of Primary Care Clinic Most Utilized by Residence

	Billings	Bismarck, ND	Dickinson, ND	Glendive	Miles City	Sidney	Wibaux	Other	TOTAL
59330 Glendive	2.0% (2)	1.0% (1)	2.0% (2)	63.0% (63)	18.0% (18)	2.0% (2)	-	12.0% (12)	**100**
59353 Wibaux	-	9.1% (1)	18.2% (2)	27.3% (3)	-	-	18.2% (2)	27.3% (3)	**11**
59215 Circle	-	-	-	-	-	-	-	100.0% (3)	**3**
59315 Bloomfield	-	-	-	50.0% (1)	50.0% (1)	-	-	-	**2**
59326 Fallon	50.0% (1)	-	-	-	-	-	-	50.0% (1)	**2**
59262 Savage	-	-	-	-	-	100.0% (1)	-	-	**1**
59349 Terry	-	-	-	-	100.0% (1)	-	-	-	**1**
59259 Richey	-	-	-	-	-	-	-	100.0% (1)	**1**
TOTAL	**2.5% (3)**	**1.7% (2)**	**3.3% (4)**	**55.4% (67)**	**16.5% (20)**	**2.5% (3)**	**1.7% (2)**	**16.5% (20)**	**121**

* "VA Clinic" removed from primary care clinic location (top row) due to non-response.

** "59339 Lindsay" and "Other" removed from residence (first column) due to non-response.

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

	Billings	Bismarck, ND	Dickinson, ND	Glendive	Miles City	Sidney	Wibaux	Other	TOTAL
Closest to home	-	-	-	77.2% (44)	-	1.8% (1)	3.5% (2)	17.5% (10)	**57**
Clinic/provider's reputation for quality	4.5% (2)	-	6.8% (3)	43.2% (19)	25.0% (11)	2.3% (1)	4.5% (2)	13.6% (6)	**44**
Appointment availability	-	2.4% (1)	-	58.5% (24)	14.6% (6)	2.4% (1)	2.4% (1)	19.5% (8)	**41**
Prior experience with clinic	5.6% (2)	2.8% (1)	-	41.7% (15)	25.0% (9)	2.8% (1)	5.6% (2)	16.7% (6)	**36**
Recommended by family or friends	3.8% (1)	-	7.7% (2)	50.0% (13)	19.2% (5)	3.8% (1)	3.8% (1)	11.5% (3)	**26**
Referred by physician or other provider	-	10.0% (2)	-	55.0% (11)	10.0% (2)	-	-	25.0% (5)	**20**
Length of waiting room time	8.3% (1)	-	-	25.0% (3)	41.7% (5)	-	8.3% (1)	16.7% (2)	**12**
Privacy/ confidentiality	9.1% (1)	-	9.1% (1)	9.1% (1)	36.4% (4)	-	9.1% (1)	27.3% (3)	**11**
Cost of care	11.1% (1)	-	-	44.4% (4)	11.1% (1)	11.1% (1)	-	22.2% (2)	**9**
Required by insurance plan	-	-	-	100.0% (4)	-	-	-	-	**4**
VA/Military requirement	-	-	-	-	33.3% (1)	-	-	66.7% (2)	**3**
Other	-	-	-	42.9% (3)	28.6% (2)	14.3% (1)	-	14.3% (1)	**7**

* "VA Clinic" removed from primary care clinic location (top row) due to non-response.
** "Indian Health Services" removed from reason for clinic selection (first column) due to non-response.

Location of Most Utilized Hospital by Residence

	Billings Clinic – Billings	Dickinson, ND hospital	Glendive Medical Center	Holy Rosary – Miles City	Sidney Health Center - Sidney	St. Vincent's - Billings	Other	Total
59330 Glendive	25.8% (17)	3.0% (2)	50.0% (33)	6.1% (4)	-	1.5% (1)	13.6% (9)	**66**
59353 Wibaux	11.1% (1)	11.1% (1)	55.6% (5)	-	-	22.2% (2)	-	**9**
59326 Fallon	-	-	-	-	-	50.0% (1)	50.0% (1)	**2**
59215 Circle	-	-	-	-	100.0% (1)	-	-	**1**
59259 Richey	-	-	-	-	-	-	100.0% (1)	**1**
TOTAL	**22.8% (18)**	**3.8% (3)**	**48.1% (38)**	**5.15 (4)**	**1.3% (1)**	**5.1% (4)**	**13.9% (11)**	**79**

** "59315 Bloomfield," "59262 Savage," "59349 Terry," "59339 Lindsay," and "Other" removed from residence (first column) due to non-response.

Location of Most Recent Hospitalization by Reasons for Hospital Selection

	Billings Clinic – Billings	Dickinson, ND hospital	Glendive Medical Center	Holy Rosary – Miles City	Sidney Health Center - Sidney	St. Vincent's - Billings	Other	Total
Prior experience with hospital	25.7% (9)	2.9% (1)	42.9% (15)	8.6% (3)	2.9% (1)	2.9% (1)	14.3% (5)	**35**
Closest to home	5.9% (2)	-	82.4% (28)	-	-	-	11.8% (4)	**34**
Hospital's reputation for quality	36.4% (12)	3.0% (1)	27.3% (9)	12.1% (4)	3.0% (1)	6.1% (2)	12.1% (4)	**33**
Emergency, no choice	15.0% (3)	-	85.0% (17)	-	-	-	-	**20**
Referred by physician or other provider	31.6% (6)	5.3% (1)	31.6% (6)	-	-	5.3% (1)	26.3% (5)	**19**
Recommended by family or friends	50.0% (4)	12.5% (1)	12.5% (1)	12.5% (1)	-	12.5% (1)	-	**8**
Privacy/ confidentiality	40.0% (2)	40.0% (2)	-	-	-	20.0% (1)	-	**5**
Closest to work	-	-	75.0% (3)	-	-	-	25.0% (1)	**4**
Cost of care	50.0% (2)	-	-	25.0% (1)	-	-	25.0% (1)	**4**
Required by insurance plan	33.3% (1)	-	66.7% (2)	-	-	-	-	**3**
Financial assistance programs	-	-	-	50.0% (1)	50.0% (1)	-	-	**2**
VA/Military requirement	-	-	100.0% (1)	-	-	-	-	**1**
Other	25.0% (2)	12.5% (1)	25.0% (2)	12.5% (1)	-	12.5% (1)	12.5% (1)	**8**

Appendix G- Responses to Other & Comments

2. In the following list, what do you think are the **three most serious** health concerns in our community? (Select ONLY 3)
   – Unsure
   – Drug usage.
   – kidney disease or related
   – drug use
   – lack of assisted living care for the elderly
*Responses when more than 3 were selected (0 participants)

3. Select the **three** items below that you believe are **most important** for a healthy community (select ONLY 3):
   – Community Involv.-Religious values-Strong family life-Walking
*Responses when more than 3 were selected (1 participants):
   – Community involvement (1)
   – Religious or spiritual values (1)
   – Strong family life (1)
   – Walking/biking paths (1)

5. How do you learn about the health services available in our community? (Select ALL that apply)
   – I don't and that's a problem info not available
   – VA
   – CCOA

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

7. In your opinion, what would improve our community's access to healthcare? (Select ALL that apply)
   – Don't charge twice as much as the neighboring town it's ridiculous
   – Visiting specialists resume after COVID
   – Not sure
   – cost of everything
   – Better board, they run off all the good doctors
   – Healthcare advocate reliable billing

- I think it's great already
- Not have D/C student doctors. Not have a shit show billing department.
- More respect for privacy policies.

8. If any of the following classes/programs were made available to the community, which would you be most interested in attending? (Select ALL that apply)
- None, I would rather stay home.
- all good
- Medicare Services
- None

9. Which of the following preventive services have you used in the past year? (Select ALL that apply)
- Covid Vaccine (2)
- thyroid check

12. If yes, what were the **three** most important reasons why you did not receive healthcare services? (Select ONLY 3)
- Not wanting to drive a hour to pay less for the same thing
- ER was 2-3 hours backed up
- need specialist closer or more traveling physicians
- Drs. were unsure who to refer to
- Covid
- Provider canceled
- high deductible spouse
- I go to Miles City Billings Clinic because GMC is a joke.
- Do not trust quality of care or privacy at GMC.
- My provider in Terry waited 3 months following my MRI to give me a referral to get steroid shots. My deductible had to start over. I will not go back to him.
- Not sure if I really needed to see a doctor.

*Responses when more than 3 were selected (3 participants):
- Could not get an appointment (2)
- Didn't know where to go (1)
- It cost too much (1)
- It was too far to go (1)
- My insurance didn't cover it (1)
- Not treated with respect (2)
- Office wasn't open when I could go (2)
- Qualified provider not available (1)
- Too long to wait for an appointment (2)
- Too nervous or afraid (1)

14. Where was that primary healthcare provider located? (Select ONLY 1)
  − Terry (5)
  − Beach, ND (2)
  − Glasgow
  − Circle, MT
*Responses when more than 1 was selected (14 participants):
  − Billings (6)
  − Bismarck, ND (1)
  − Dickinson, ND (2)
  − Glendive (9)
  − Miles City (5)
  − Sidney (2)
  − Wibaux (2)
  − VA (4)

15. Why did you select the primary care provider you are currently seeing? (Select ALL that apply)
  − Alternative care.
  − Where I work.
  − billing correctly done
  − pediatric
  − only one available

17. Which hospital does your household use MOST for hospital care? (Select ONLY 1)
  − Terry
  − Black Hills Ortho
*Responses when more than 1 was selected (9 participants):
  − Billings Clinic – Billings (6)
  − Glendive Medical Center (7)
  − Holy Rosary - Miles City (2)
  − Sidney Health Center – Sidney (1)
  − St. Vincent's – Billings (2)

18. Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital? (Select ONLY 3)
  − Glendive didn't have reg. OB care
  − have specialty Dr.
  − Experienced surgeon
  − Willingness to work with you on a reasonable payment plan.
  − Covid patient sent to Billings

*Responses when more than 3 were selected (4 participants):
  – Closest to home (3)
  – Closest to work (2)
  – Cost of care
  – Emergency, no choice (2)
  – Financial assistance programs
  – Hospital's reputation for quality (2)
  – Prior experience with hospital (3)
  – Privacy/confidentiality (2)
  – Recommended by family or friends (2)
  – Referred by physician or other provider (2)
  – Required by insurance plan
  – VA/Military requirement

20. Where was the healthcare specialist seen? (Select ALL that apply)
  – Bozeman Deaconess
  – Bismarck, North Dakota (3)
  – Pocatello, ID
  – Sanford Bismarck
  – Mayo Clinic (2)
  – Bone & Joint Center Bismarck, ND
  – Billings Dermatology
  – Minneapolis
  – Black Hills Ortho
  – Denver, CO
  – Duncan, O/C
  – Miles City
  – Beach, ND
  – Glendive
  – Glendive Caring Hands
  – Ortho MT and Billings
  – Billings Clinic - Miles City (2)

21. What type of healthcare specialist was seen? (Select ALL that apply)
  – Reproductive specialist
  – Sleep study
  – pediatric hand specialist
  – colon doctor
  – CPAP specialist
  – nephrologist
  – Cancer Dr
  – Cancer

- spine doctor
- CDL Physical - PA
- Back specialist

33. What type of health insurance covers the **majority** of your household's medical expenses? (Select ONLY 1)
- Plan F to Medicare BC/BS

*Responses when more than 1 was selected (21 participants):
- Employer sponsored (7)
- Health Insurance Marketplace (1)
- Health Savings Account (1)
- Healthy MT Kids (2)
- Medicaid (5)
- Medicare (17)
- Private insurance/private plan (8)
- VA/Military (1)

35. If you **do NOT** have health insurance, why?
- Employer Insurance
- spouse cannot afford
- I use the VA

37. Where do you currently live, by zip code?
- No "Other" responses

38. What is your gender? Prefer to self-describe:
- No "Prefer to self-describe" responses

Appendix H- Key Informant - Questions

Key Informant Interview Questions

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

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

2. What are your views/opinions about these local services:
   - Hospital/clinic
   - EMS Services (ER/Ambulance)
   - Public/County Health Department
   - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
   - Services for Low-Income Individuals/Families

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

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

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

Appendix I- Key Informant - Transcripts

<u>**Key Informant Interview #1**</u>
Friday, April 22nd, 2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
   - I think we are fairly healthy, need for more wellness in the community. I would like to see more mental health services and drug abuse services. Need more low income services and services for homeless individuals.

2. What are your views/opinions about these local services:
   Hospital/clinic:
   - I think they have great services but their billing is awful. It is very difficult to navigate and the billing system is often incorrect (sending bills after already paid, etc.,). I go to Miles city simply because their billing is much better.

   EMS Services (ER/Ambulance)
   - EMS services are great and they are essential to keep in a small community.

   Public/County Health Department
   - This year has been difficult for public health. They are very important for the community's health though, they have so many programs. Their newsletter really help inform the community about what is going on.

   Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
   - I've heard we have great senior services. GMC is not renewing their contract with Veteran Center/Nursing home and that is worrying. If nobody bids on it, we hope it does not close. Senior center has been really great for us and they have a great work program that helps elderly individuals.

   Services for Low-Income Individuals/Families
   - We have lots of programs and we have a giant resource guide that highlights them all. We have three training programs that help those individuals who do qualify for assistance.

3. What do you think are the most important local healthcare issues?
   - Access to healthcare services.
   - Mental health.
   - Drug abuse assistance.

4. What other healthcare services are needed in the community?
   - The hospital has great services for our small community

5. What would make your community a healthier place to live?
   - We have a healthy community program and they are working towards some of those healthier lifestyle activities. We need to stop stepping on each other's toes and work together more.

Key Informant Interview #2
Friday, April 22nd, 2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
   - I think we have a lot of cancer, but in general we are fairly healthy. We also have mental health issues in the community.

2. What are your views/opinions about these local services:
   Hospital/clinic:
   - I think the surgery/cancer center is wonderful. Their billing system is a nightmare and definitely needs work.

   EMS Services (ER/Ambulance)
   - We are lucky to have the EMS services that we do. They do not have consistent providers in the ER, the quality of care varies noticeably. It would be great if they could add some community paramedics.

   Public/County Health Department
   - The county health department has been great and I cannot say enough good things.

   Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
   - I think they have a problem with hiring so many travelers. They should invest in local healthcare providers. The quality of care also seems to be diminished in those travelers when compared to our local providers.

   Services for Low-Income Individuals/Families
   - There is no Medicaid, SNAP, or OPA office here. I help people all the time fill out those applications because they are not capable, we also cannot do them over the phone. We need a trained and designated person for those services. We have some non-English speakers in the community too and they are often unable to get the help they need. Transportation is not great, elderly individuals get a reduced rate though. There is no respite care here for low-income parents who

might need assistance. Low-income housing is very far from everything else in town, they cannot walk to their jobs or even grocery stores.

3. What do you think are the most important local healthcare issues?
   - Cancer
   - Mental health issues
   - Transportation
   - Substance abuse

4. What other healthcare services are needed in the community?
   - Additional mental health services and programs targeted at addressing the stigma associated with accessing the services.
   - Support groups or services for drug and alcohol abuse.

5. What would make your community a healthier place to live?
   - Affordable, healthy food options are lacking.

Key Informant Interview #3
Friday, April 22nd, 2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
   - I feel very positive about most of our community's health. We do have a new mayor and they are very inexperienced compared to our last mayor.

2. What are your views/opinions about these local services:
   Hospital/clinic:
   - Good primary care, very limited tertiary care. My family has had several colonoscopy procedures and there were no issues whatsoever. The electronic bill paying system at the hospital now works and that is very nice.
   - We are playing catchup with telehealth and we need to expand those services. The hospital needs to get better about incorporating new technologies and examine dated practices.

   EMS Services (ER/Ambulance)
   - I personally have not had to use these services but I have heard great things.

   Public/County Health Department
   - They do a great job and they provide outreach and immunizations.

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

- COVID was very hard on our seniors and the services in our community. The nursing facility is quite good and has great relationships with other community members and groups. We have had a large nursing shortage and we often have to hire travelers. Those travelers are very professional but they often cannot relate to community members as well as more local providers

Services for Low-Income Individuals/Families
- I am not really sure about those services or where to access them.

3. What do you think are the most important local healthcare issues?
    - The walk-in clinic has been a wonderful addition.
    - Staffing issues in hospital and nursing home

4. What other healthcare services are needed in the community?
    - Psychiatric care, I am unsure if we still have that at the hospital.

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

    - I think we are doing well for the small community that we are.

Key Informant Interview #4
Wednesday, June 1st, 2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
    - I would say we are quite healthy overall. We have a lot of resources available for such a rural community.
    - GMC has quite a few specialists and good providers.
    - There are dentists, chiropractors, and counselors in the community as well.
2. What are your views/opinions about these local services:
Hospital/clinic:
    - We have great providers and nurses. We are very fortunate to have the services that we do.
EMS Services (ER/Ambulance)
    - Exceptional EMS services
    - The response times and availability are great

Public/County Health Department
    - They are doing a really good job; they did have some turnover but they have great communication with the public.
    - They network very well and can often provide resources or information if they do not provide the service themselves.

Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
- Home health does not have enough employees and that restricts their ability to offer care.
- We have a great nursing home and assisted living center, although the nursing home is often full.

Services for Low-Income Individuals/Families
- We do have a lot of really great services, but people often do not know how to access them. Our nearest public assistance office is almost 70 miles away.
- We do have an income-based clinic for walk-ins.

3. What do you think are the most important local healthcare issues?
- Access to mental health resources, people get confused or do not know how to access them. People think that the hospital runs most of the services when they really do not.

4. What other healthcare services are needed in the community?
- Our services are very extensive, and I can't think of any other services that are needed.

5. What would make your community a healthier place to live?
- There are great options for physical activity (pool, state park, college rec center) but we could use some more outlets for youth members.

Appendix J- Request for Comments

Written comments on this 2022 Community Health Needs Assessment Report can be submitted to the Marketing Department at Glendive Medical Center (GMC):

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

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