

Dawson County, Montana

Community Health Services Development Community Health Assessment Report

Survey conducted by
Glendive Medical Center
Glendive, Montana

In cooperation with
The Montana Office of Rural Health
The National Rural Health Resource Center

May 2013



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center



NATIONAL
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RESOURCE CENTER

**Glendive Medical Center
Community Needs Assessment and Focus Groups
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**Glendive Medical Center Community Survey
Summary Report
May 2013**

I. Introduction

Glendive Medical Center is a fully-integrated health system providing care to Glendive, east central Montana and western North Dakota. Glendive Medical Center provides a range of services including: a full service 25-bed critical access hospital, rural health clinic, extended care, assisted living, and veteran's home. Glendive Medical Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. A part of this project is community engagement which includes a health care service survey and focus groups.

In the winter of 2013, Glendive Medical Center's service area was surveyed about its health care system. This report shows the results of the survey in both narrative and chart formats. At the end of this report, we have included a copy of the survey instrument (Appendix D). Readers are invited to familiarize themselves with the survey instrument and then look at the findings. Our narrative report touches on the highlights while the charts present data for virtually every question asked.

II. 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 October 2012. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups.

III. Survey Methodology

Survey Instrument

In February 2013, surveys were mailed out to the residents in Glendive Medical Center's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

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

Six focus groups were held to identify the motives of local residents when selecting health care providers and discover reasons why people may leave the Glendive area to seek health care 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 the 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 continue to be a challenge in Montana.

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

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

Limitations in Survey Methodology

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

Survey Implementation

In February, the community health services survey, a cover letter from the National Rural Health Resource Center with Glendive Medical Center and Dawson County Health Department's signature on Glendive Medical Center's letter head, and a postage paid reply envelope were mailed to 800 randomly selected residents in the Glendive Medical Center's service area. A news release was sent to local newspapers 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.

As shown in the table below, 217 surveys were returned out of 800. Of that 800, 48 surveys were returned undeliverable for a 29% response rate. From this point on, the total number of surveys will be out of 752. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.1%.

IV. Survey Respondent Demographics

A total of 752 surveys were distributed amongst Glendive Medical Center's service area. Two hundred and seventeen were completed for a 29% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, length of residency, household size, number of children in the household, gender, age, and employment is also included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 30)

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

Location	Zip Code	Count	Percent
Glendive	59330	170	78.3%
Circle	59215	12	5.5%
Wibaux	59353	10	4.6%
Terry	59349	7	3.2%
Savage	59262	4	1.8%
Sidney	59270	3	1.4%
Richey	59259	3	1.4%
Beach	58621	1	0.5%
Wolf Point	59201	1	0.5%
Fairview	59221	0	0
No answer		6	2.8%
TOTAL		217	100%

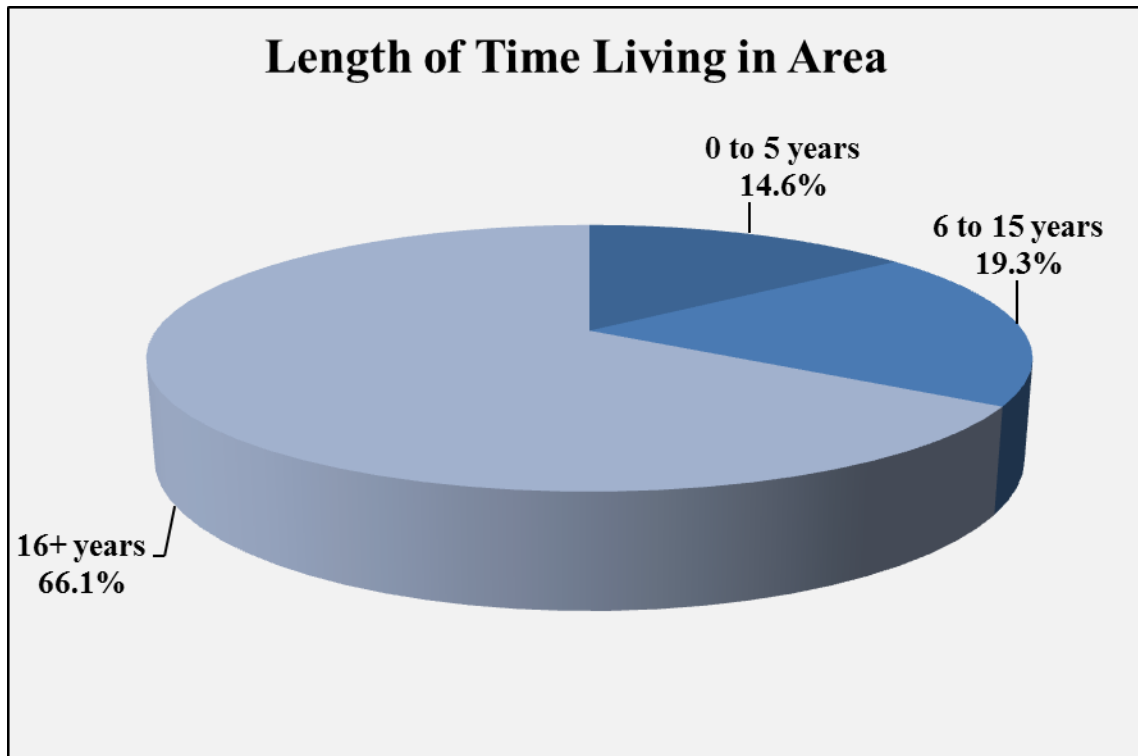
“Other” comments:

- 59339

Length of Residence (Question 31)

N= 212

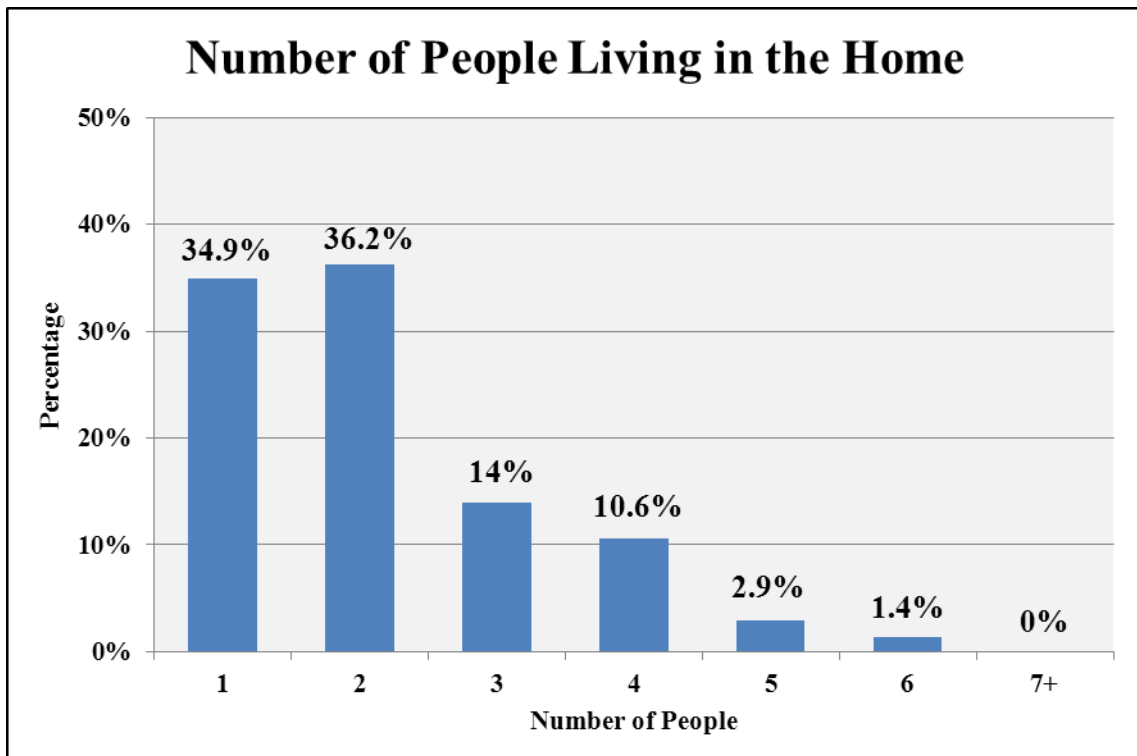
Sixty-six percent (n=140) of the respondents have lived in the area for sixteen or more years. Nineteen percent (n=41) have lived in the Glendive area for six to fifteen years and 14.6% (n=31) have lived in the area for zero to five years. Five respondents chose not to answer this question.



Household Size (Question 32)

N= 207

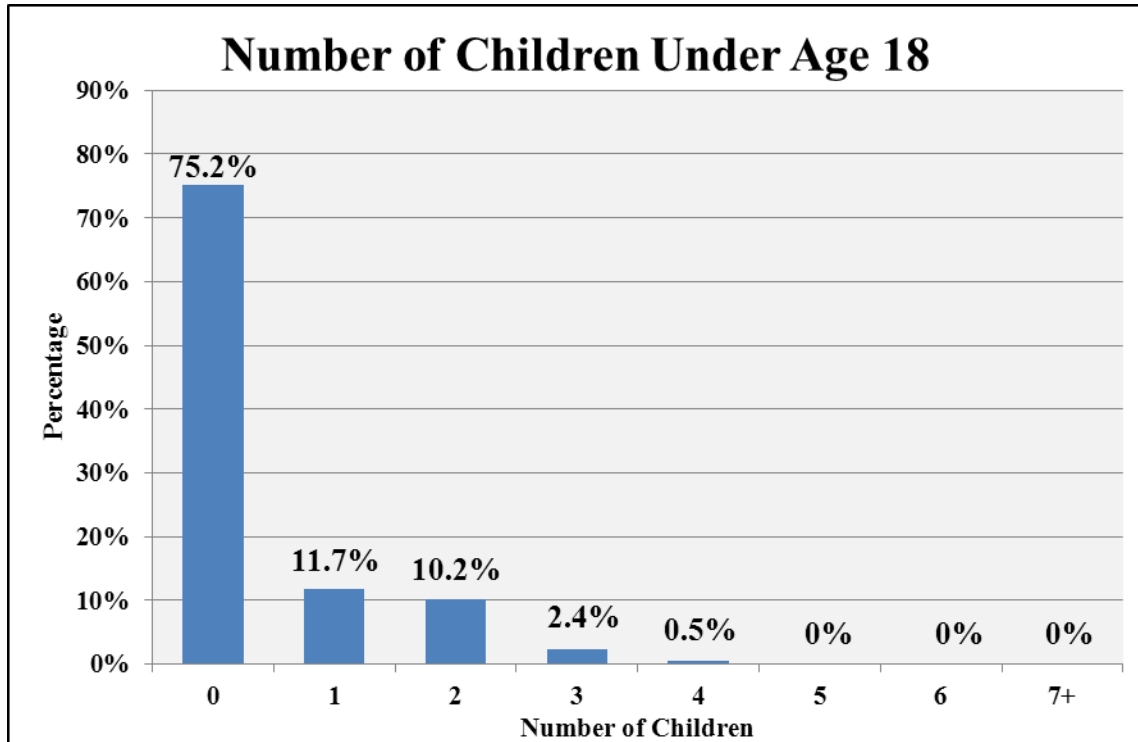
Thirty-six percent of respondents (n=75) indicated having two people including themselves in their household. Thirty-five percent (n=72) indicated only one person in their household and 14% (n=29) indicated having three people including themselves in their household. Ten respondents chose not to answer this question.



Children in Household (Question 33)

N= 206

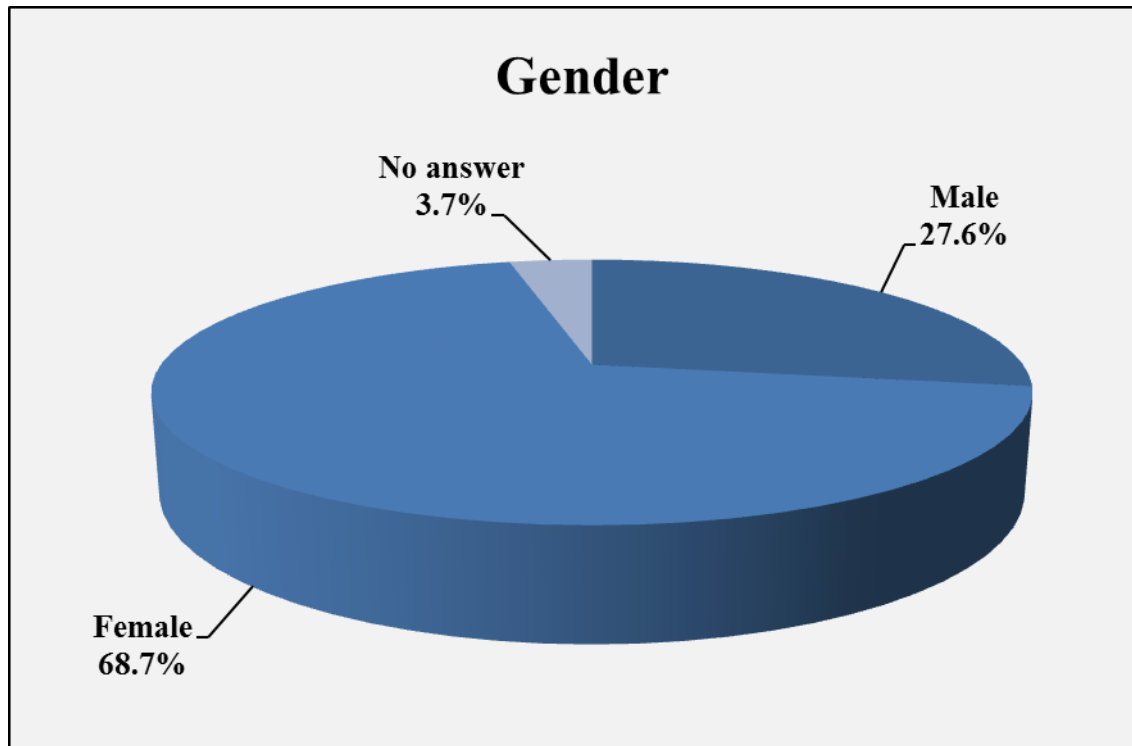
Respondents were asked to indicate how many children under the age of eighteen were living in their household. Seventy-five percent of respondents (n=155) reported having no children in their household. Twelve percent (n=24) reported only one child under the age of eighteen in their household and 10.2% (n=21) indicated having two children in the household. Eleven respondents chose not to answer this question.



Gender (Question 34)

N= 217

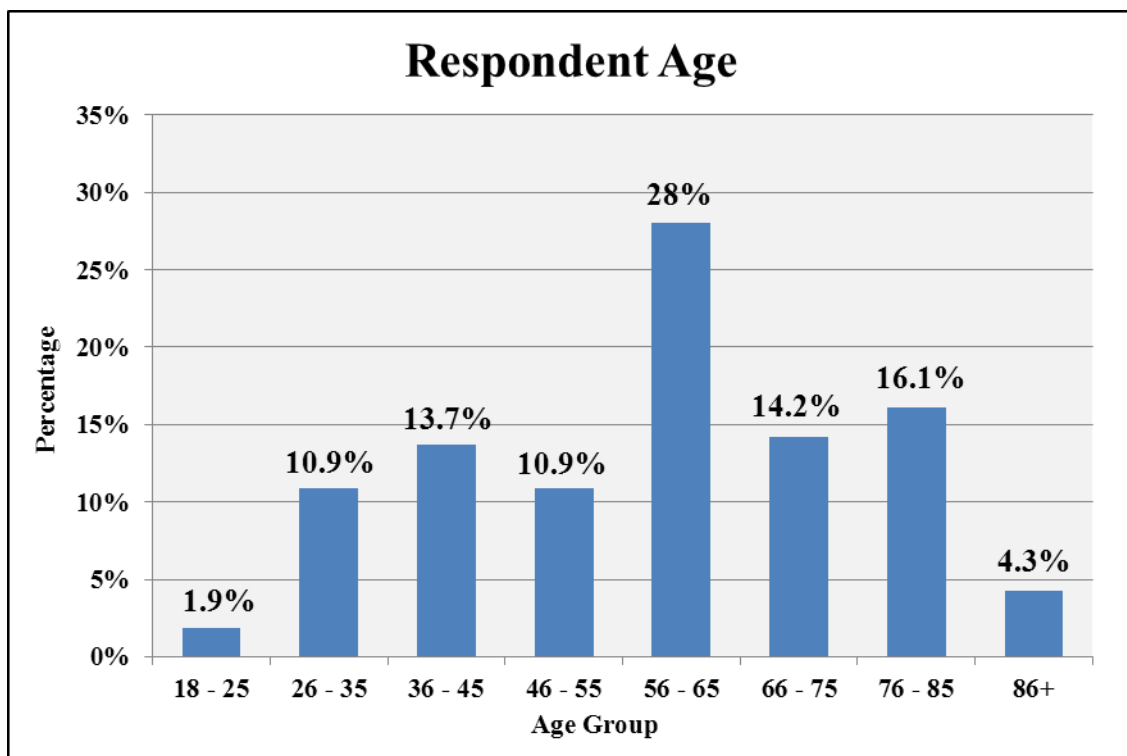
Of the 217 surveys returned, 68.7% (n=149) of survey respondents were female, 27.6% (n=60) were male, and 3.7% (n=8) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families.



Age of Respondents (Question 35)

N= 211

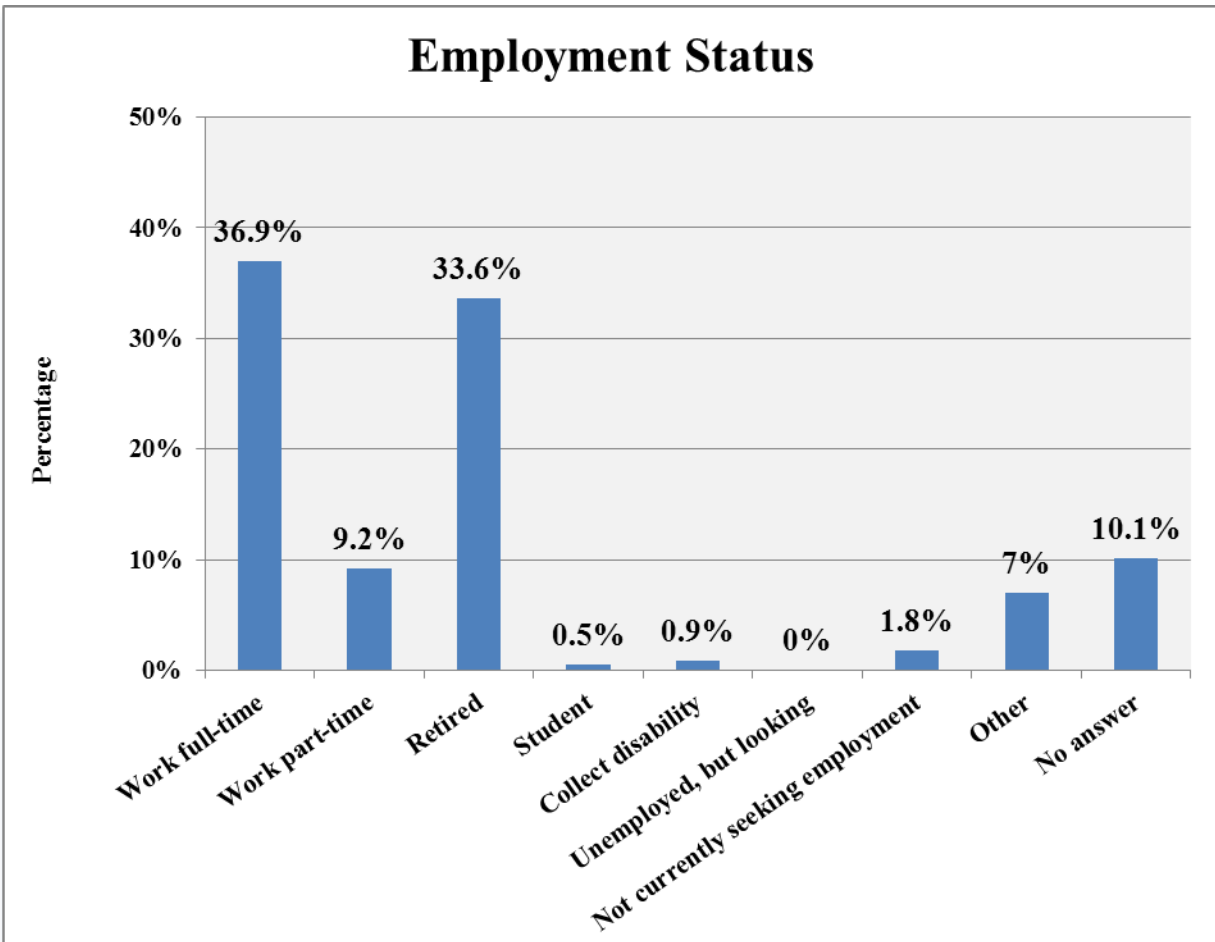
Twenty-eight percent of respondents (n=59) were between the ages of 56-65. Sixteen percent of respondents (n=34) were between the ages of 76-85 and 14.2% of respondents (n=30) were between the ages of 66-75. It is important to note that the survey was targeted to adults and therefore no respondents are under age 18. The increasing percentage of elderly residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for health care services during the next ten to twenty years. Older residents are also more invested in health care decision making and, therefore, are more likely to respond to health care surveys, as reflected by this graph. Six respondents chose not to answer this question.



Employment Status (Question 36)

N= 217

Thirty-seven percent (n=80) of respondents reported working full time while 33.6% (n=73) are retired. Nine percent of respondents (n=20) indicated they work part time. Ten percent of respondents (n=22) did not answer this question. Respondents could check all that apply so the percentages do not equal 100%.



“Other” comments:

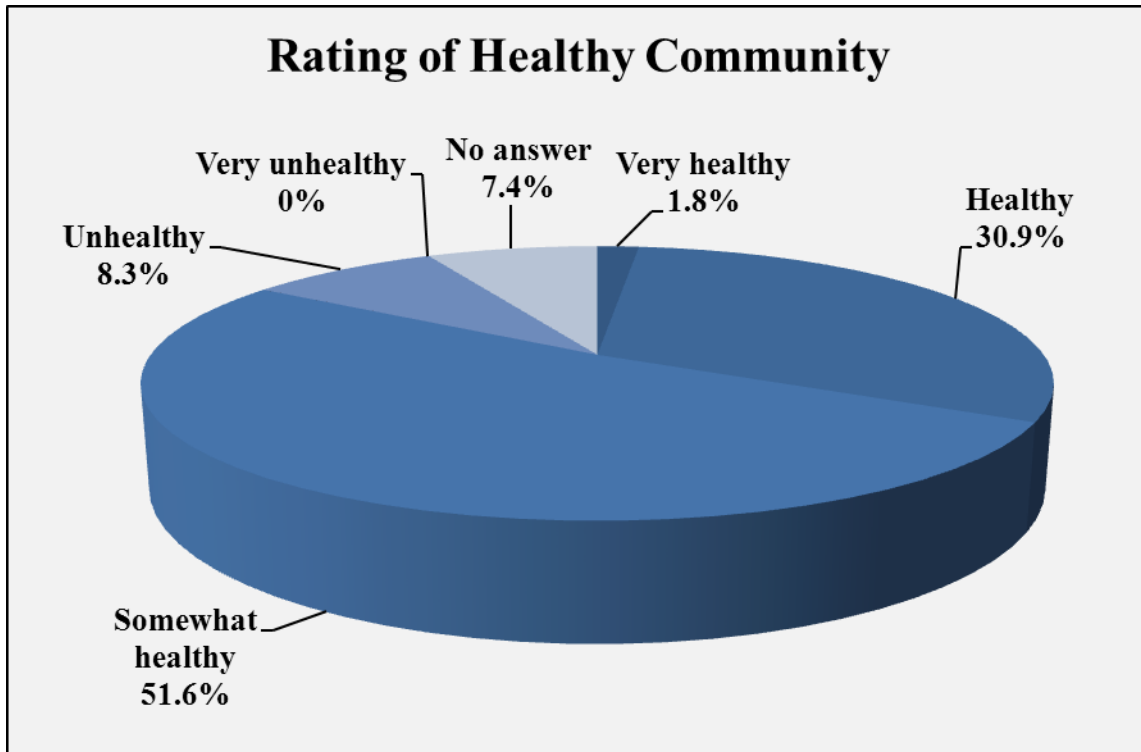
- Stay at home mom (3)
- Homemaker
- Working 2nd part time job
- Self-employed farmer (3)
- Self-employed (4)
- Job eliminated
- Housewife
- Mostly retired
- Can't work until I have my baby

V. Survey Findings

Impression of Community (Question 1)

N= 217

Respondents were asked to indicate how they would rate the general health of their community. Fifty-two percent of respondents (n=112) rated their community as “Somewhat healthy.” Thirty-one percent of respondents (n=67) felt their community was “Healthy” and 8.3% (n=18) felt their community was “Unhealthy.” Sixteen respondents (7.4%) chose not to respond to this question.



Health Concerns for Community (Question 2)

N= 217

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol abuse/substance abuse” at 53.9% (n=117). “Cancer” was also a high priority at 48.8% (n=106) and “Overweight/obesity” at 32.3% (n=70). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	Count	Percent
Alcohol abuse/substance abuse	117	53.9%
Cancer	106	48.8%
Overweight/obesity	70	32.3%
Heart disease	49	22.6%
Lack of access to health care	40	18.4%
Mental health issues	40	18.4%
Depression/anxiety	38	17.5%
Lack of exercise	29	13.4%
Diabetes	28	12.9%
Tobacco use	26	12.0%
Domestic violence	16	7.4%
Suicide	14	6.5%
Stroke	13	6.0%
Motor vehicle accidents	11	5.1%
Child abuse/neglect	10	4.6%
Hunger	6	2.8%
Work related accidents/injuries	5	2.3%
Lack of dental care	4	1.8%
Recreation related accidents/injuries	3	1.4%
Other	10	4.6%

“Other” comments:

- Moral depravity
- Need more doctors
- Flu
- Dependency
- Murders
- Lack of medical insurance/coverage
- Bad diet
- Gambling
- Inability to pay high cost. Even with 80% of my healthcare costs covered I can't afford to cover the remaining 20%
- Poor diet- limited access to healthy foods (especially at restaurants)

Components of a Healthy Community (Question 3)

N= 217

Respondents were asked to identify the three most important things for a healthy community. Sixty percent of respondents (n=130) indicated that “Access to health care and other services” is important for a healthy community. “Adequate, affordable housing” was the second most indicated component at 35.9% (n=78) and third was “Healthy behaviors and lifestyles” at 27.6% (n=60). Respondents were asked to identify their top three choices, thus the percentages will not add up to 100%.

Important Component	Count	Percent
Access to health care and other services	130	59.9%
Adequate, affordable housing	78	35.9%
Healthy behaviors and lifestyles	60	27.6%
Good jobs and healthy economy	56	25.8%
Strong family life	56	25.8%
Religious or spiritual values	54	24.9%
Low crime/safe neighborhoods	41	18.9%
Emergency services (police, fire, EMS)	35	16.1%
Good schools	29	13.4%
Clean environment	23	10.6%
Community involvement	17	7.8%
Immunized children	15	6.9%
Community center	12	5.5%
Walking/biking paths	12	5.5%
Parks and recreation	10	4.6%
Access to quality childcare	6	2.8%
Low level of domestic violence	6	2.8%
Tolerance for diversity	5	2.3%
Arts and cultural events	4	1.8%
Low death and disease rates	4	1.8%
Other	4	1.8%

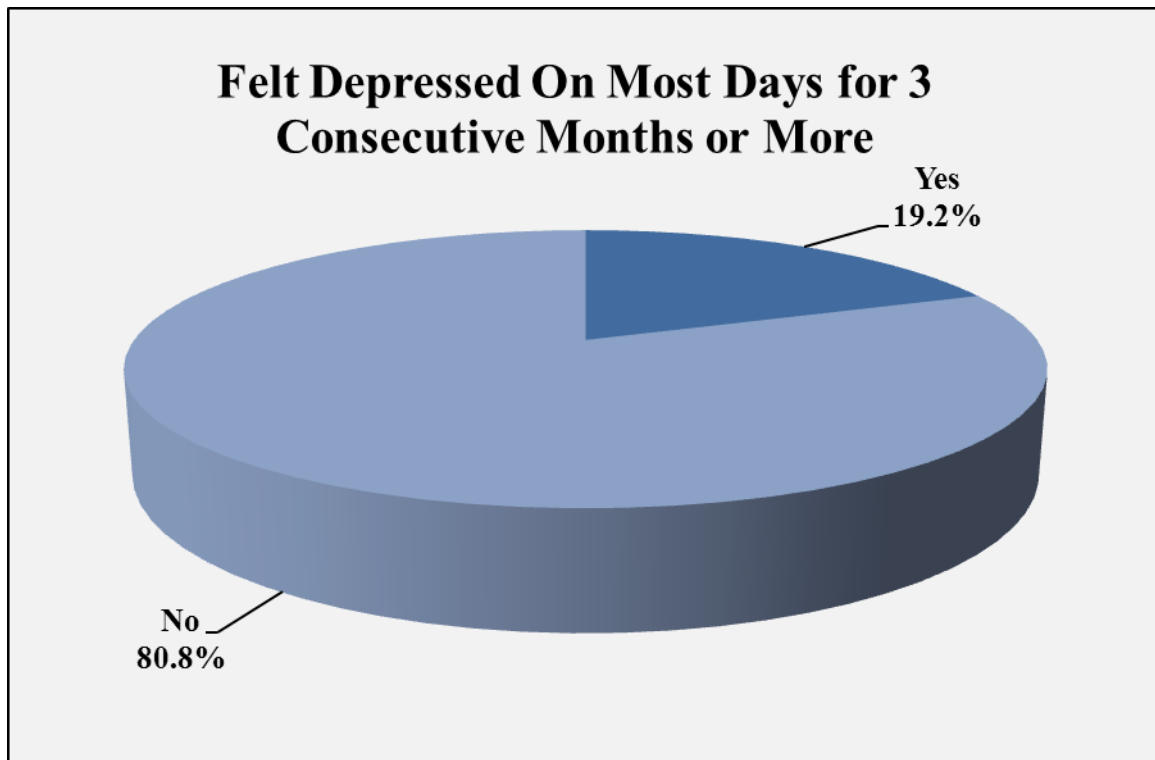
“Other” comments:

- Retention of physicians
- Knowledge on health matters
- Senior Housing
- All of these are important

Prevalence of Depression (Question 4)

N= 208

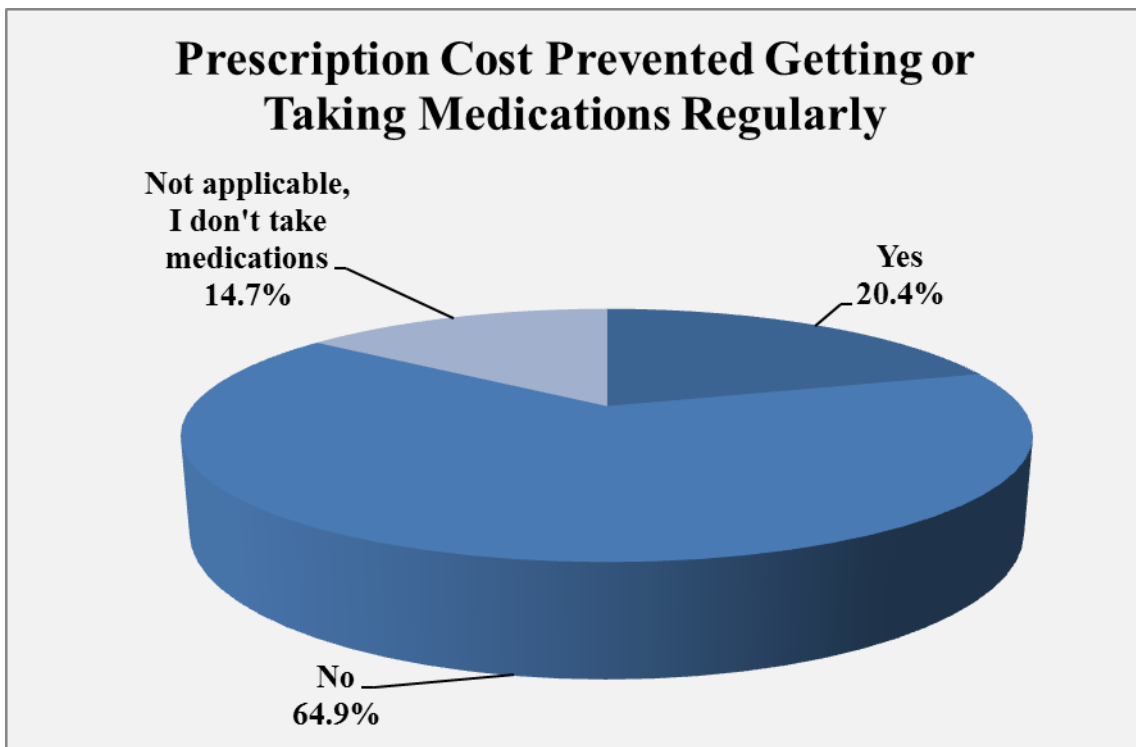
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Nineteen percent of respondents (n=40) indicated they had experienced periods of feeling depressed and 80.8% of respondents (n=168) indicated they had not. Nine respondents chose not to answer this question.



Cost and Prescription Medications (Question 5)

N= 211

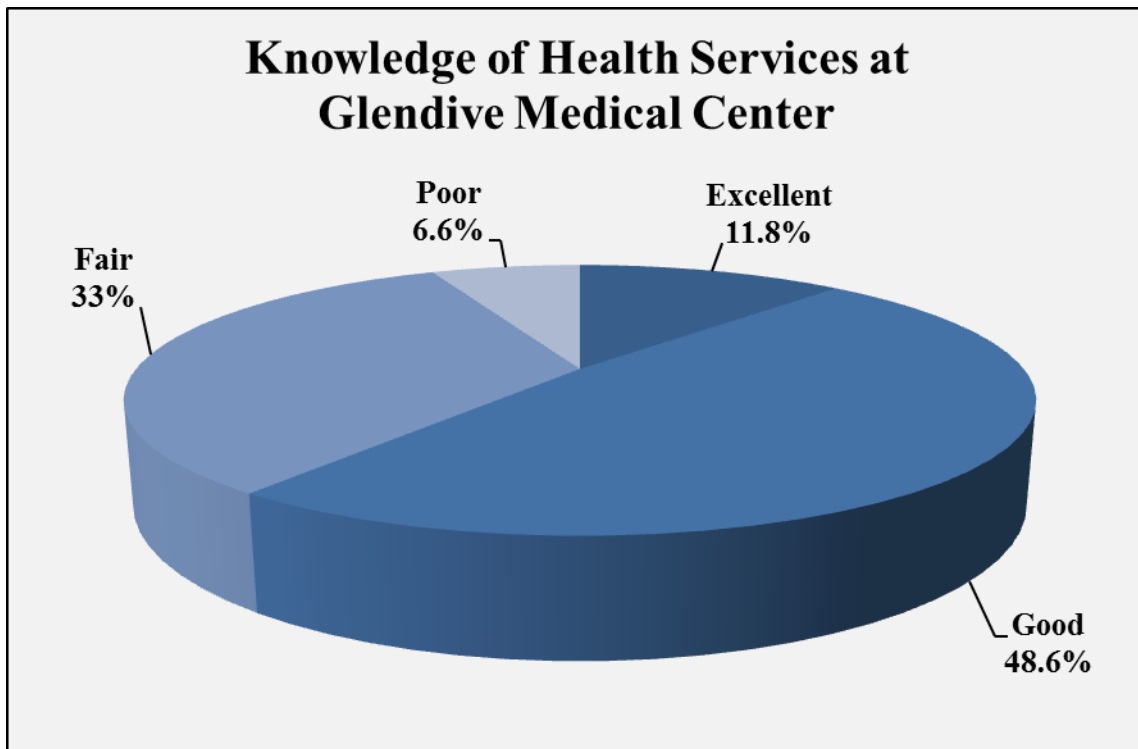
Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Twenty percent of respondents (n=43) indicated that in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Sixty-five percent of respondents (n=137) indicated that cost had not prohibited them and 14.7% indicated they do not take medications. Six respondents chose not to answer this question.



Overall Awareness of Glendive Medical Center's Services (Question 6)

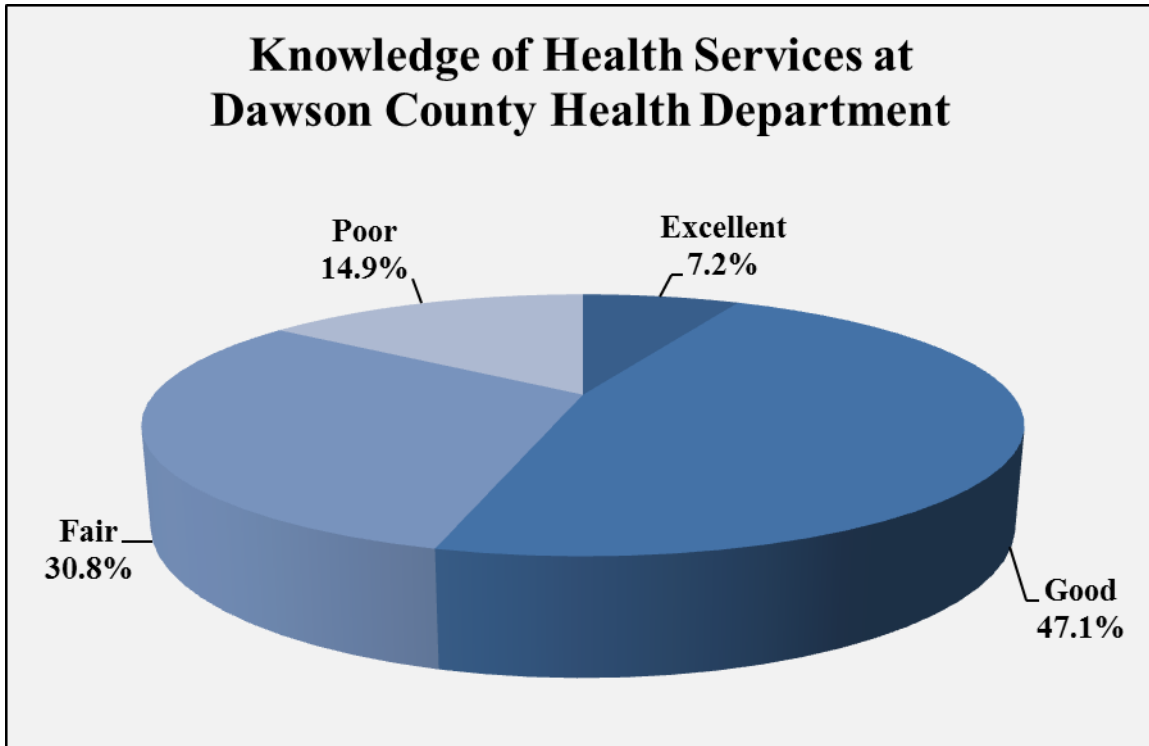
N= 212

Respondents were asked to rate their knowledge of the healthcare services available at Glendive Medical Center. Forty-nine percent (n=103) of respondents rated their knowledge of services as "Good." Thirty-three percent (n=70) rated their knowledge as "Fair" and 11.8% of respondents (n=25) rated their knowledge as "Excellent." Five respondents chose not to answer this question.



Overall Awareness of Dawson County Health Department’s Services (Question 7)
N= 208

Respondents were asked to rate their knowledge of the healthcare services available at Dawson County Health Department. Forty-seven percent (n=98) of respondents rated their knowledge of services as “Good.” Thirty-one percent (n=64) rated their knowledge as “Fair” and 14.9% of respondents (n=31) rated their knowledge as “Poor.” Nine respondents chose not to answer this question.



“Other” comments:

- N/A (Wibaux County)

How Respondents Learn of Health Care Services (Question 8)

N= 217

“Word of mouth/reputation” was the most frequent method of learning about available services at 62.2% (n=135). Generally, “Word of mouth/reputation” is the most frequent response among rural hospital surveys. “Friends/Family” was the second most frequent response at 50.7% (n=110) and the “Ranger Review” was reported at 48.8% (n=106). Respondents could select more than one method so percentages do not equal 100%.

Method	Count	Percent
Word of mouth/reputation	135	62.2%
Friends/family	110	50.7%
Ranger Review	106	48.8%
Health care provider	98	45.2%
Radio (KXGN, KGLE, KDZN)	47	21.7%
Mailings/newsletter	44	20.3%
Website/internet	26	12.0%
Public health	20	9.2%
Television	18	8.3%
Presentations	13	6.0%
Billings Gazette	8	3.7%
Other	10	4.6%

“Other” comments:

- Don't use Glendive Medical Center (GMC) or community, go where services are competent
- GMC is the only place to see a doctor in this town
- Family
- Yellow Pages
- Born & raised here
- Facebook (Social Media)
- Avoid them
- Self-learning

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess respondents' knowledge of services available at Glendive Medical Center with how they learn about services available in their community. The chart below shows the results of the cross tabulation. How respondents learned of health care services was a multiple response item, thus totals cannot add up to 100%.

KNOWLEDGE RATING OF GLENDIVE MEDICAL CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTH CARE SERVICES

	Excellent	Good	Fair	Poor	Total
Health care provider	14 (14.3%)	53 (54.1%)	29 (29.6%)	2 (2%)	98
Mailings/newsletter	11 (25%)	21 (47.7%)	10 (22.7%)	2 (4.5%)	44
Website/internet	7 (26.9%)	12 (46.2%)	6 (23.1%)	1 (3.8%)	26
Friends/family	13 (11.8%)	52 (47.3%)	40 (36.4%)	5 (4.5%)	110
Billings Gazette	2 (25%)	5 (62.5%)		1 (12.5%)	8
Presentations	7 (53.8%)	4 (30.8%)	2 (15.4%)		13
Public health	5 (25%)	9 (45%)	5 (25%)	1 (5%)	20
Television	2 (11.1%)	10 (55.6%)	3 (16.7%)	3 (16.7%)	18
Ranger Review	17 (16%)	60 (56.6%)	25 (23.6%)	4 (3.8%)	106
Word of mouth/reputation	17 (12.6%)	71 (52.6%)	40 (29.6%)	7 (5.2%)	135
Radio (KXGN, KGLE, KDZN)	9 (19.1%)	26 (55.3%)	11 (23.4%)	1 (2.1%)	47
Other		1 (11.1%)	3 (33.3%)	5 (55.6%)	9

Improvement for Community’s Access to Health Care (Question 9)

N= 217

Respondents were asked to indicate what they felt would improve their community’s access to health care. Sixty-five percent of respondents (n=140) reported that “Retention of physicians” would make the greatest improvement. Fifty-six percent of respondents (n=121) indicated they would like “More primary care providers” and 39.6% (n=86) indicated “Improved quality of care.” Respondents could select more than one method so percentages do not equal 100%.

Service	Count	Percent
Retention of physicians	140	64.5%
More primary care providers	121	55.8%
Improved quality of care	86	39.6%
More specialists	69	31.8%
Community health clinic (sliding fee option)	66	30.4%
Outpatient services expanded hours	52	24.0%
Greater health education services	33	15.2%
Telemedicine	24	11.1%
Transportation assistance	19	8.8%
Cultural sensitivity	6	2.8%
Interpreter services	3	1.4%
Other	14	6.5%

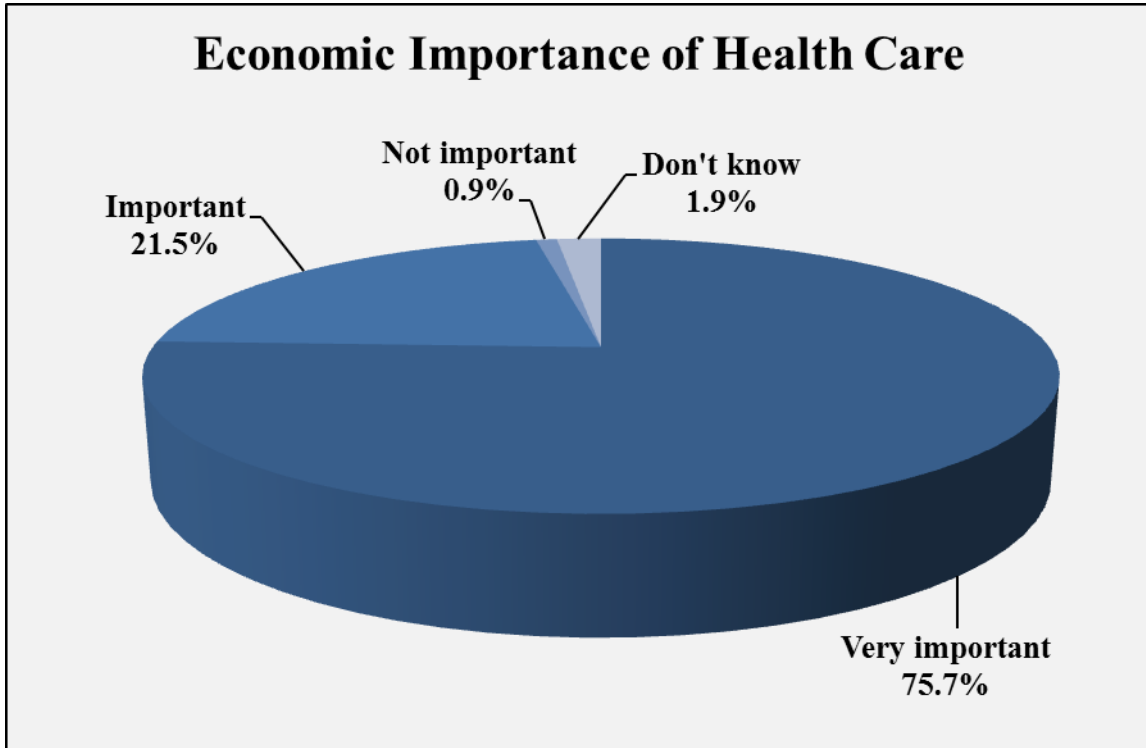
“Other” comments:

- Confidentiality
- First of all, let’s call it what it is –“Sick care.” Our community needs more preventative education so they don’t need “sick care”
- A general practitioner
- All day walk-in care
- Insurance preferred-provider contracts
- Better billing services that are not so fast to turn into collections
- More options for bill pay and financial assistance
- Medicare covering natural medicine
- Dr. Stewart
- Affordability
- Revamp GMC from top to bottom

Economic Importance of Local Health Care Providers and Services (Question 10)

N= 214

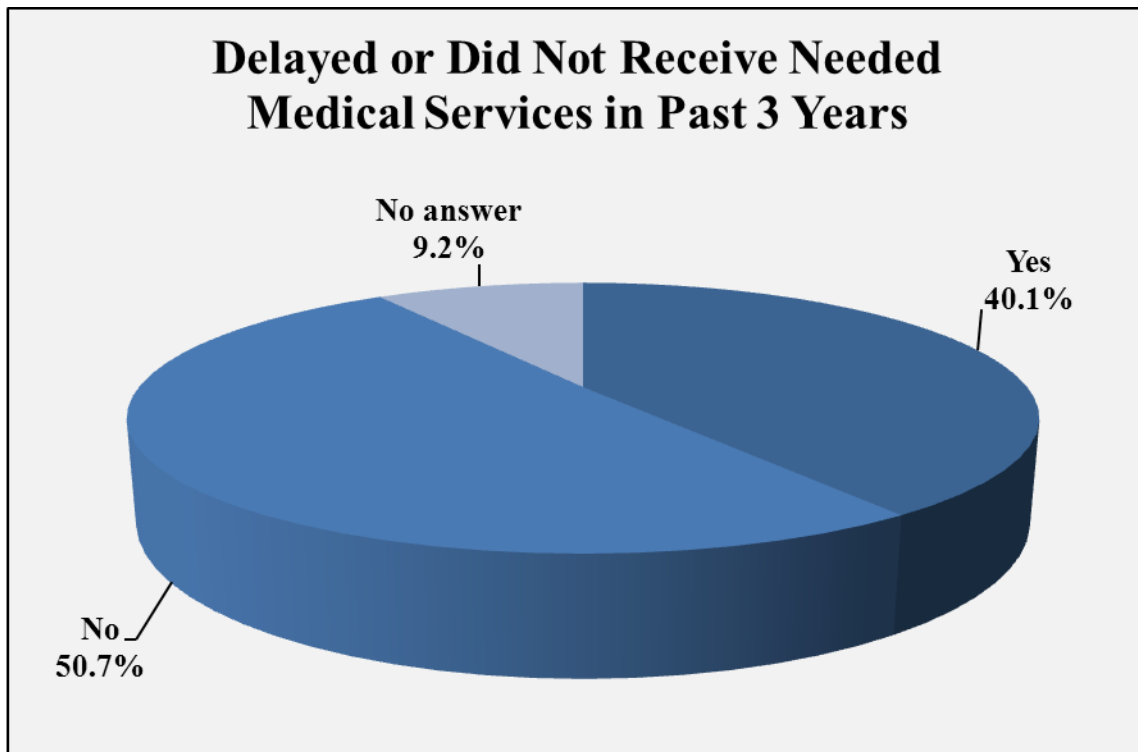
The majority of respondents (75.7%, n=162) indicated that local health care providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very Important” to the economic well-being of the area. Twenty-two percent of respondents (n=46) indicated they are “Important” and only two people, or 0.9% indicated they are “Not important”. Three respondents did not answer this question.



Needed/Delayed Hospital Care During the Past Three Years (Question 11)

N= 217

Of the 217 surveys returned, 40.1% of respondents (n=87) reported that they or a member of their household thought they needed health care services, but did not get it or delayed getting it. Fifty-one percent of respondents (n=110) felt they were able to get the health care services they needed without delay and twenty respondents (9.2%) chose not to answer this question.



Reasons for NOT Being Able to Receive Services or Delay in Receiving Health Care Services (Question 12)

N= 87

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “It costs too much” (44.8%, n=39), “Don’t like medical providers” (36.8%, n=32) and “Too long to wait for an appointment” (34.5%, n=30). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	Count	Percent
It costs too much	39	44.8%
Don’t like medical providers	32	36.8%
Too long to wait for an appointment	30	34.5%
Could not afford it	29	33.3%
Could not get an appointment	22	25.3%
Not treated with respect	18	20.7%
My insurance didn’t cover it	13	14.9%
Office wasn’t open when I could go	8	9.2%
Unsure if services were available	6	6.9%
Didn’t know where to go	6	6.9%
Too nervous or afraid	5	5.7%
Could not get off work	2	2.3%
It was too far to go	2	2.3%
Had no one to care for the children	1	1.1%
Transportation problems	1	1.1%
Language barrier	0	0
No insurance	0	0
Other	12	13.8%

“Other” comments:

- Incompetent hospital
- Didn’t want to hear what they would tell me
- Exorbitant fees for service charged to me because I have no insurance. I pay cash, the only reason for the high fee was that it was hospital policy
- No regard for HIPAA laws at the medical center
- All of the administration needs to change
- Hoped it wasn’t serious
- Billing issues with GMC
- Feared confidentiality would be breached
- When I did have insurance the copay and deductible were too much
- Not confident the diagnosis would be accurate
- Some doctors are very mean and act like they hate you; so I want to go to Miles City

Preventative Testing (Question 13)

N= 217

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Flu shot” was selected by 53% of respondents (n=115). Fifty-two percent of respondents (n=112) indicated they received “Dental” services and 49.3% of respondents (n=107) had received a “Health fair screening.” Respondents could check all that apply, thus the percentages will not equal 100%.

Service	Count	Percent
Flu shot	115	53.0%
Dental	112	51.6%
Health fair screening	107	49.3%
Vision	104	47.9%
Routine blood pressure check	78	35.9%
Routine health checkup	75	34.6%
Cholesterol check	72	33.2%
Mammography	62	28.6%
Pap smear	55	25.3%
Adult immunizations	49	22.6%
Prostate (PSA)	28	12.9%
Colonoscopy	20	9.2%
Child immunizations	19	8.8%
Children’s checkup/Well baby	15	6.9%
None	12	5.5%

Desired Local Health Care Services (Question 14)

N= 217

Respondents were asked to indicate which health care professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “Dermatology” available at 29% (n=63) followed by “ENT (ear/nose/throat)” at 26.3% (n=57), and a “Wellness center” at 21.7% (n=47). Respondents were asked to check all that apply so percentages do not equal 100%.

Service	Count	Percent
Dermatology	63	29.0%
ENT (ear/nose/throat)	57	26.3%
Wellness center	47	21.7%
Orthopedics	38	17.5%
Nutritional services	22	10.1%
Cardiology	20	9.2%
Cancer treatment	20	9.2%
Mental health	13	6.0%
Independent housing	10	4.6%
Prenatal/lactation services	9	4.1%
Dialysis	7	3.2%
Adult transitional housing	5	2.3%
Adult daycare	3	1.4%
Other	14	6.5%

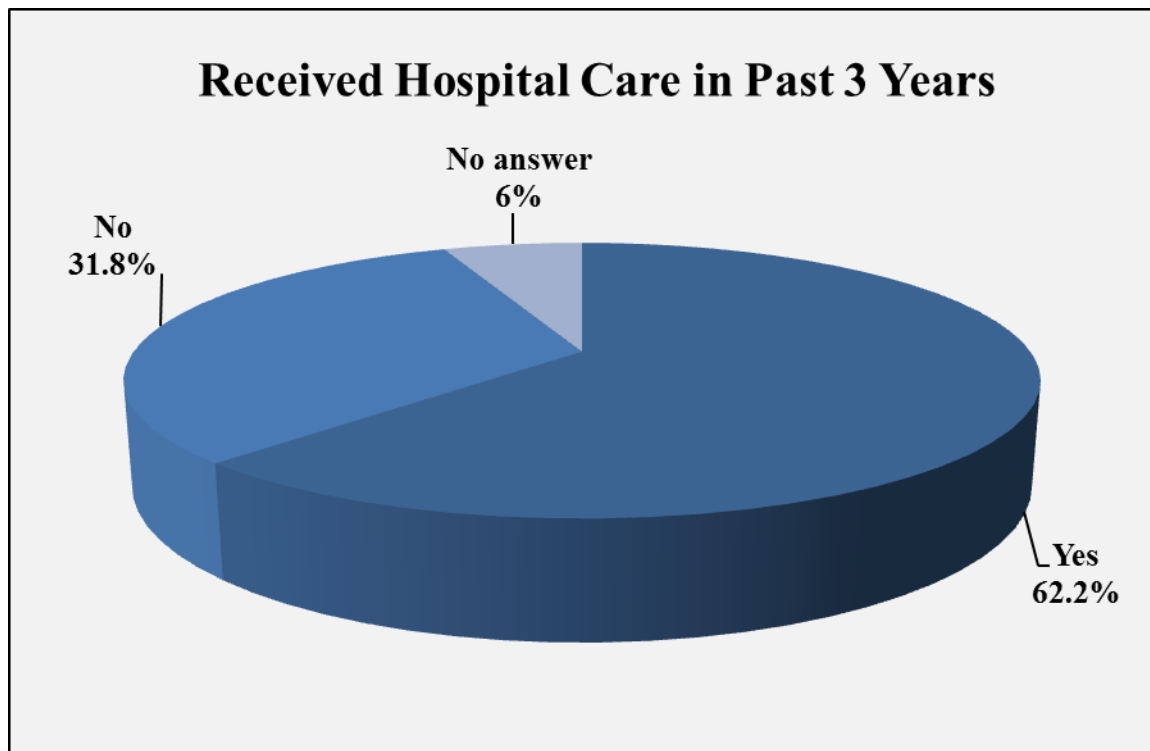
“Other” comments:

- Women’s Health
- None due to excessive fees to no one insured
- None (3)
- Prefer Dickinson; Receive much better quality of care there
- Endocrinologist (2)
- Weight Loss
- Youth Mental Health
- Midwife
- I travel elsewhere for services
- Orthodontist
- Podiatrist
- Nothing at GMC

Hospital Care Received in the Past Three Years (Question 15)

N= 217

Sixty-two percent of respondents (n=135) reported that they or a member of their family had received hospital care during the previous three years. Thirty-two percent (n=69) had not received hospital services and 6% of respondents (n=13) did not answer this question.



Hospital Used Most in the Past Three Years (Question 16)

N= 124

Of the 135 respondents who indicated receiving hospital care in the previous three years, 51.6% (n=64) reported receiving care at Glendive Medical Center. Sixteen percent of respondents (n=20) went to Billings Clinic and 10.5% of respondents (n=13) utilized services from Holy Rosary in Miles City. Eleven of the 135 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	Count	Percent
Glendive Medical Center – Glendive	64	51.6%
Billings Clinic – Billings	20	16.1%
Holy Rosary – Miles City	13	10.5%
St. Vincent’s – Billings	9	7.3%
St. Joseph’s – Dickinson, ND	5	4.0%
Sidney Health Center – Sidney	4	3.2%
Mercy Medical Center – Williston, ND	1	0.8%
Other	8	6.5%
TOTAL	124	100%

“Other” comments:

- Bone & Joint Clinic: Outpatient surgery. Bismarck, ND
- McCone County Health Center (2)
- St. Alexius- Bismarck, ND (2)
- Northeast Montana Health Services (NEMHS) – Wolf Point/Poplar, MT
- Terry, Billings, Miles City
- Great Falls Clinic Medical Center
- VA in Salt Lake City, UT
- St. Francis, MN

Reasons for Selecting the Hospital Used (Question 17)

N= 135

Of the 135 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 56.3% (n=76). “Prior experience with hospital” was selected by 40% of the respondents (n=54) and 38.5% (n=52) selected “Emergency, no choice.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	76	56.3%
Prior experience with hospital	54	40.0%
Emergency, no choice	52	38.5%
Referred by physician	41	30.4%
Hospital’s reputation for quality	39	28.9%
Service not available locally	21	15.6%
Cost of care	13	9.6%
Closest to work	13	9.6%
Recommended by family or friends	13	9.6%
Required by insurance plan	7	5.2%
VA/Military requirement	6	4.4%
Other	16	11.9%

“Other” comments:

- Was told only place covered under MT Cancer Plan
- They actually have doctors
- Doctors leave
- Closer to Family
- Have good doctors
- Can make payments unlike GMC who requires your balance paid in full in 30 days
- GMC Employee
- Insurance preferred-provider
- Will not use GMC unless I have to
- Kind people
- Time constraints due to child birth
- Close to family
- I work at Sidney Health Center
- Only go there if I have no money to go to Miles City
- NOT GMC

Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years with where they live by zip code. The chart below shows the results of the cross tabulation.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Glendive Medical Center - Glendive	Holy Rosary - Miles City	Sidney Health Center - Sidney	St. Vincent's - Billings	Billings Clinic Billings	Mercy Medical Center - Williston, ND	St. Joseph's - Dickinson, ND	Other	Total
Glendive 59330	56 (55.4%)	11 (10.9%)	3 (3%)	7 (6.9%)	17 (16.8%)		2 (2%)	5 (5%)	101
Sidney 59270						1 (100%)			1
Wibaux 59353	5 (71.4%)						2 (28.6%)		7
Circle 59215	1 (12.5%)	2 (25%)		1 (12.5%)	3 (37.5%)			1 (12.5%)	8
Savage 59262			1 (50%)	1 (50%)					2
Terry 59349								1 (100%)	1
Beach 58621							1 (100%)		1
Fairview 59221									0
Richey 59259	1 (100%)								1
Wolf Point 59201								1 (100%)	1
TOTAL	63 (51.2%)	13 (10.6%)	4 (3.3%)	9 (7.3%)	20 (16.3%)	1 (0.8%)	5 (4.1%)	8 (6.5%)	123

Cross Tabulation of Hospital and Reason Selected

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

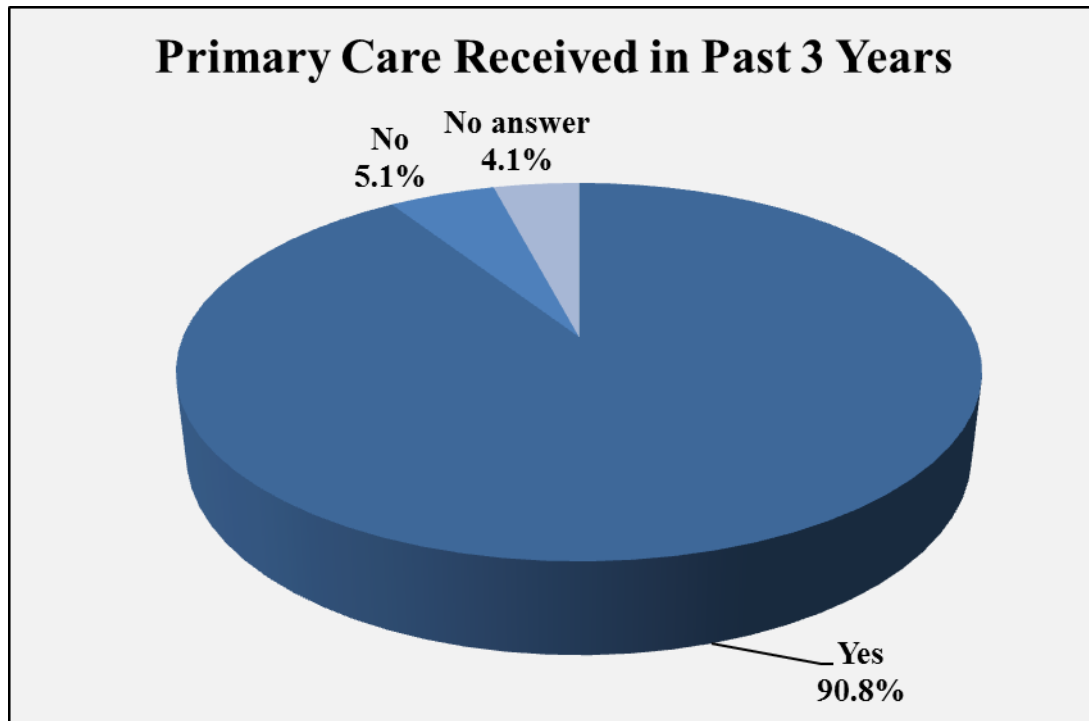
LOCATION OF MOST UTILIZED HOSPITAL BY REASON HOSPITAL WAS SELECTED

	Glendive Medical Center - Glendive	Holy Rosary - Miles City	Sidney Health Center - Sidney	St Vincent's - Billings	Billings Clinic- Billings	Mercy Medical Center - Williston, ND	St Joseph's - Dickinson, ND	Other	Total
Cost of care	2 (16.7%)	5 (41.7%)			3 (25%)		1 (8.3%)	1 (8.3%)	12
Closest to home	62 (84.9%)	1 (1.4%)		2 (2.7%)	3 (4.1%)		1 (1.4%)	4 (5.5%)	73
Closest to work	13 (100%)								13
Emergency, no choice	36 (75%)			6 (12.5%)	3 (6.2%)		1 (2.1%)	2 (4.2%)	48
Hospital's reputation for quality	8 (22.2%)	9 (25%)		2 (5.6%)	9 (25%)	1 (2.8%)	3 (8.3%)	4 (11.1%)	36
Prior experience with hospital	24 (48%)	6 (12%)	2 (4%)	3 (6%)	11 (22%)		2 (4%)	2 (4%)	50
Recommended by family or friends	3 (27.3%)	5 (45.5%)					2 (18.2%)	1 (9.1%)	11
Referred by physician	16 (45.7%)	3 (8.6%)	1 (2.9%)	4 (11.4%)	5 (14.3%)	1 (2.9%)	2 (5.7%)	3 (8.6%)	35
Required by insurance plan	3 (50%)				2 (33.3%)			1 (16.7%)	6
Service not available locally		2 (11.1%)	2 (11.1%)	4 (22.2%)	7 (38.9%)	1 (5.6%)	1 (5.6%)	1 (5.6%)	18
VA/Military requirement				1 (20%)	2 (40%)			2 (40%)	5
Other	4 (25%)	4 (25%)	2 (12.5%)		3 (18.8%)		1 (6.2%)	2 (12.5%)	16

Primary Care Received in the Past Three Years (Question 18)

N= 217

Ninety-one percent of respondents (n=197) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant or nurse practitioner) for health care services in the past three years. Five percent of respondents (n=11) had not seen a primary care provider in the last three years and 4.1% (n=9) respondents chose not to answer this question.



Location of Primary Care Provider (Question 19)

N= 174

Of the 197 respondents who indicated receiving primary care services in the previous three years, 66.1% (n=115) reported receiving care in Glendive. Ten percent of respondents (n=17) went to Miles City and another 9.8% (n=17) indicated they utilized primary care services at a location not listed (“Other”). Twenty-three of the 197 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	Count	Percent
Glendive	115	66.1%
Miles City	17	9.8%
Billings	10	5.7%
Sidney	5	2.9%
VA	5	2.9%
Dickinson, ND	4	2.3%
Williston, ND	1	0.6%
Other	17	9.8%
TOTAL	174	100%

“Other” comments:

- Bismarck, ND
- Wibaux, MT
- Dr. Dickinson in Glendive, MT
- Terry, MT (3)
- Will only use GMC if I have to in the future
- Circle Clinic (5)
- Baker, MT
- Great Falls, MT
- Northeast Montana Health Services – Wolf Point/Poplar, MT
- Beach, ND

Reasons for Selection of Primary Care Provider (Question 20)

N= 197

Those respondents (n=197) 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 top response selected by 47.2% (n=93). “Prior experience with clinic” was selected by 38.1% of respondents (n=75) and “Appointment availability” was selected by 33.5% (n=66). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	93	47.2%
Prior experience with clinic	75	38.1%
Appointment availability	66	33.5%
Clinic’s reputation for quality	45	22.8%
Recommended by family or friends	43	21.8%
Cost of care	19	9.6%
Length of waiting room time	17	8.6%
Referred by physician or other provider	16	8.1%
VA/Military requirement	9	4.6%
Required by insurance plan	6	3.0%
Indian Health Services	1	0.5%
Other	24	12.2%

“Other” comments:

- Change of doctor
- Doctor (2)
- Former provider left
- Only doctor available (2)
- Awesome doctors
- Not affiliated with GMC (2)
- Can make payments
- Physician quality of care. Carleen Gaub
- Insurance, Preferred Provider Organization (PPO)
- At Wibaux Clinic
- History with provider (5)
- Knows family history
- Always willing to get me in
- Can get results of tests that day & also results in the mail
- Work at Sidney Health Center (SHC)

Cross Tabulation of Primary Care and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code. The chart below shows the results of the cross tabulation.

LOCATION OF CLINIC MOST OFTEN UTILIZED BY RESIDENCE

	Glendive	Sidney	Billings	Dickinson, ND	Miles City	Williston, ND	VA	Other	Total
Glendive 59330	104 (75.4%)	3 (2.2%)	8 (5.8%)	2 (1.4%)	13 (9.4%)		2 (1.4%)	6 (4.3%)	138
Sidney 59270						1 (100%)			1
Wibaux 59353	5 (55.6%)			2 (22.2%)				2 (22.2%)	9
Circle 59215	1 (11.1%)				1 (11.1%)		2 (22.2%)	5 (55.6%)	9
Savage 59262	1 (25%)	2 (50%)			1 (25%)				4
Terry 59349			1 (16.7%)		2 (33.3%)		1 (16.7%)	2 (33.3%)	6
Beach 58621								1 (100%)	1
Fairview 59221									0
Richey 59259	1 (50%)		1 (50%)						2
Wolf Point 59201								1 (100%)	1
TOTAL	112 (65.5%)	5 (2.9%)	10 (5.8%)	4 (2.3%)	17 (9.9%)	1 (0.6%)	5 (2.9%)	17 (9.9%)	171

Cross Tabulation of Clinic and Reason Selected

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

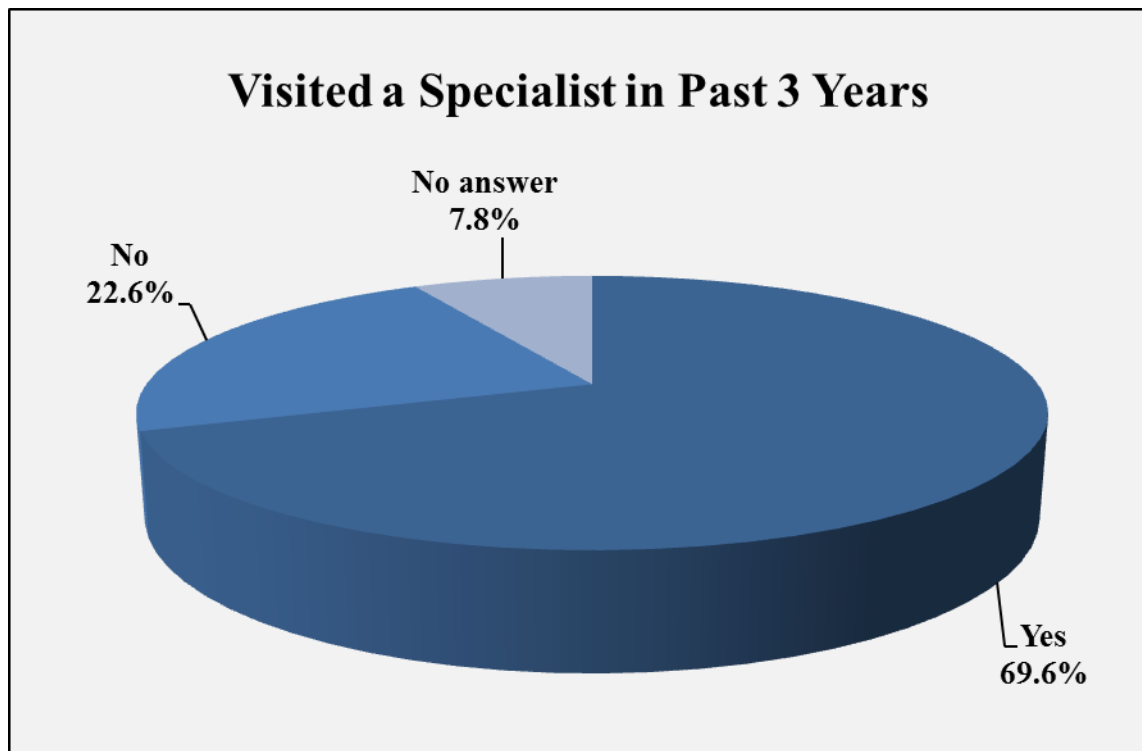
LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Glendive	Sidney	Billings	Dickinson, ND	Miles City	Williston, ND	VA	Other	Total
Appointment availability	40 (66.7%)	1 (1.7%)	4 (6.7%)	1 (1.7%)	9 (15%)			5 (8.3%)	60
Clinic's reputation for quality	10 (25%)	1 (2.5%)	7 (17.5%)	3 (7.5%)	14 (35%)	1 (2.5%)	1 (2.5%)	3 (7.5%)	40
Closest to home	62 (77.5%)	1 (1.2%)	1 (1.2%)		1 (1.2%)		1 (1.2%)	14 (17.5%)	80
Cost of care	5 (26.3%)		1 (5.3%)	1 (5.3%)	5 (26.3%)		2 (10.5%)	5 (26.3%)	19
Length of waiting room time	6 (40%)		2 (13.3%)	1 (6.7%)	4 (26.7%)			2 (13.3%)	15
Prior experience with clinic	40 (58%)	1 (1.4%)	8 (11.6%)	4 (5.8%)	7 (10.1%)	1 (1.4%)	1 (1.4%)	7 (10.1%)	69
Recommended by family or friends	23 (59%)	2 (5.1%)	2 (5.1%)	3 (7.7%)	8 (20.5%)			1 (2.6%)	39
Referred by physician or other provider	8 (66.7%)		3 (25%)	1 (8.3%)					12
Required by insurance plan	3 (50%)		1 (16.7%)		1 (16.7%)		1 (16.7%)		6
VA/Military requirement	2 (25%)		1 (12.5%)				5 (62.5%)		8
Indian Health Services								1 (100%)	1
Other	11 (47.8%)	2 (8.7%)	2 (8.7%)	2 (8.7%)	2 (8.7%)		1 (4.3%)	3 (13%)	23

Use of Health Care Specialists during the Past Three Years (Question 21)

N= 217

Seventy percent of the respondents (n=151) indicated they or a household member had seen a health care specialist during the past three years. Twenty-three percent (n=49) indicated they had not seen a specialist and seventeen respondents (7.8%) chose not to answer this question.



Type of Health Care Specialist Seen (Question 22)

N= 151

The respondents saw a wide array of health care specialists. The most frequently indicated specialist was an “Orthopedic surgeon” at 26.5% of respondents (n=40) having utilized their services. “OB/GYN” was the second most utilized specialist at 24.5% (n=37) and “Dermatologist” was third at 21.9% (n=33). Respondents were asked to choose all that apply so percentages will not equal 100%.

Health Care Specialist	Count	Percent
Orthopedic surgeon	40	26.5%
OB/GYN	37	24.5%
Dermatologist	33	21.9%
Radiologist	31	20.5%
Cardiologist	30	19.9%
ENT (ear/nose/throat)	20	13.2%
Neurologist	20	13.2%
Physical therapist	20	13.2%
General surgeon	19	12.6%
Ophthalmologist	18	11.9%
Pediatrician	14	9.3%
Oncologist	13	8.6%
Urologist	12	7.9%
Gastroenterologist	9	6.0%
Occupational therapist	8	5.3%
Podiatrist	8	5.3%
Rheumatologist	8	5.3%
Allergist	7	4.6%
Neurosurgeon	6	4.0%
Psychiatrist (M.D.)	6	4.0%
Psychologist	6	4.0%
Pulmonologist	6	4.0%
Dietician	5	3.3%
Endocrinologist	3	2.0%
Geriatrician	0	0
Other	9	6.0%

“Other” comments:

- Chiropractor
- A great provider
- Oral surgeon (2)
- Chronic pain specialist
- Eye specialist

- Received yeast infections, don't know what that's under
- Back/Spine surgeon
- A nephrologist
- Arthritis specialist

Location of Health Care Specialist (Question 23)

N= 151

Of the 151 respondents who indicated they saw a health care specialist, 49% (n=74) saw one at Glendive Medical Center. Billings Clinic was also a highly reported location at 48.3% (n=73) and 19.2% of respondents received specialty care at Holy Rosary in Miles City. Respondents could select more than one location; therefore percentages do not equal 100%.

Location	Count	Percent
Glendive Medical Center – Glendive	74	49.0%
Billings Clinic – Billings	73	48.3%
Holy Rosary – Miles City	29	19.2%
St. Vincent’s – Billings	20	13.2%
Sidney Health Center – Sidney	9	6.0%
St. Joseph’s – Dickinson, ND	6	4.0%
VA	5	3.3%
Mercy Medical Center – Williston, ND	1	0.7%
Other	27	17.9%

“Other” comments:

- Bad mistake. This is where excessive charges began. GMC’s only explanation was if you pay cash that was “hospital policy” for the high fees.
- Beach, ND
- Georgia
- Ortho Montana
- Bone and Joint Center – Bismarck, ND
- Billings Clinic and Miles City, MT (11)
- Rocky Mountain Eye Clinic – Missoula, MT
- Yellowstone Clinic
- Will not use GMC in the future
- St. Alexius – Bismarck, ND (3)
- Glasgow, MT
- Greely, CO
- MT Heart – Billings, MT
- Telemed in Glendive, MT
- Shiloh – Billings, MT
- Minnesota
- Private Practice – Glendive, MT
- Trinity – Williston, ND
- Great Falls Clinic Medical Center
- Billings, MT (Psychiatrist with her own practice)
- Arthritis & Osteoporosis Center
- Med Center On (Stafford Health) – Bismarck, ND
- Glendive, MT
- Mental Health Center

Overall Quality of Care at Glendive Medical Center (Question 24)

N= 217

Respondents were asked to rate a variety of aspects of the overall care provided at Glendive Medical Center. Respondents were asked to rate the services using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor and “Don’t know” or “Haven’t used.” The sums of the average scores were then calculated with “Rehabilitation services (physical, occupational, cardiac)” receiving the top average score of 3.1 out of 4.0. “Emergency room” and “Home health/hospice” both received 3.0 out of 4.0. The total average score was 2.8, indicating the overall services of the hospital to be “Fair” to “Good”.

	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't Know	No Ans.	N	Avg.
Rehabilitation services (physical, occupational, cardiac)	20	31	8	4	102	52	217	3.1
Emergency room	47	47	18	17	52	36	217	3.0
Home health/hospice	16	24	6	4	109	58	217	3.0
Laboratory	36	57	22	13	49	40	217	2.9
Pharmacy	31	49	21	11	57	48	217	2.9
Radiology/imaging	25	54	22	6	65	45	217	2.9
Surgical services	23	27	16	8	87	56	217	2.9
Cancer Outreach Center (chemo)	8	10	4	5	122	68	217	2.8
Extended Care/nursing home	12	32	11	8	94	60	217	2.8
Labor and delivery	9	16	7	5	120	60	217	2.8
Gabert Clinic	29	72	31	22	28	35	217	2.7
The After-Hours Clinic	17	41	29	12	66	52	217	2.6
Behavioral health	5	11	5	11	112	73	217	2.3
TOTAL	278	471	200	126				2.8

Perception of Community Health Services (Question 25)

N= 217

Respondents were asked to rate a variety of community health services. Respondents were asked to rate the services using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor and “Don’t know” or “Haven’t used.” The sums of the average scores were then calculated with the “Overall quality of substance abuse services” receiving a score of 1.8 and the “Overall quality of mental health services” receiving a 2.1 out of 4.0. The total average score was 2.0, indicating the overall perception of community health services to be “Fair”.

	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't Know	No Ans.	N	Avg.
Availability of substance abuse treatment programs for youth	2	19	17	35	116	28	217	1.8
Availability of substance abuse treatment programs for adults	5	23	27	28	105	29	217	2.1
Availability of Alcoholics Anonymous groups	8	33	18	21	109	28	217	2.4
Availability of prevention programs for youth	3	10	21	38	113	32	217	1.7
Availability of prevention programs for adults	5	13	20	35	117	27	217	1.8
Overall quality of substance abuse services	3	12	24	31	117	30	217	1.8
Availability of mental health services for youth	7	14	25	34	106	31	217	1.9
Availability of mental health services for adults	9	31	32	26	91	28	217	2.2
Availability of mental health services for seniors	5	17	27	24	114	30	217	2.0
Overall quality of mental health services	6	23	33	28	98	29	217	2.1
TOTAL	53	195	244	300				2.0

“Other” comments:

- I am aware they are available but I have not needed or thought about it
- Always room for work and progress

Medical Insurance (Question 26)

N= 217

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-eight percent (n=66) indicated they have “Employer sponsored” coverage. Twenty-nine percent (n=52) indicated they have “Medicare” and “Private insurance/private plan” coverage was indicated by 15% of respondents (n=27). Thirty-seven respondents did not answer this question.

Insurance Type	Count	Percent
Employer sponsored	66	37.6%
Medicare	52	28.9%
Private insurance/private plan	27	15.0%
VA/Military	11	6.1%
None	10	5.6%
State/Other	6	3.3%
Healthy MT Kids	4	2.2%
Indian Health	1	0.6%
Agricultural Corp. paid	1	0.6%
Health Savings Account	1	0.6%
Medicaid	0	0
Other	1	0.6%
TOTAL	180	100%

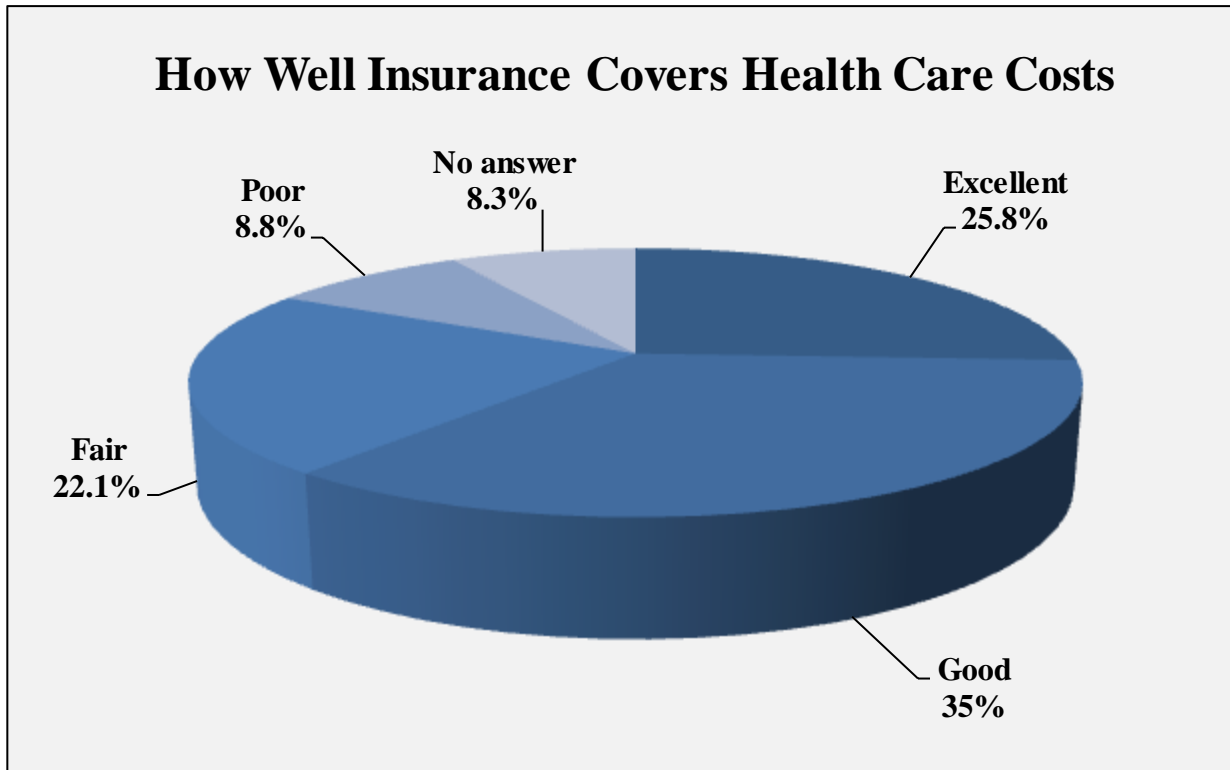
“Other” comments:

- Cash (self)
- Supplement (3)
- Self-plan
- United Healthcare
- Blue Cross Blue Shield

Insurance and Health Care Costs (Question 27)

N= 217

Respondents were asked to indicate how well they felt their health insurance covers their health care costs. Thirty-five percent of respondents (n=76) indicated they felt their insurance covers a “Good” amount of their health care costs. Twenty-six percent of respondents (n=56) indicated they felt their insurance is “Excellent” and 22.1% of respondents (n=48) indicated they felt their insurance was “Fair.”



Barriers to Having Health Insurance (Question 28)

N= 217

Respondents were asked to indicate why they did not have medical, dental, or vision insurance. Twenty-seven percent (n=59) reported they did not have health insurance because they could not afford to pay for it and 6.9% (n=15) indicated their “Employer does not offer insurance.” Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Reason	Count	Percent
Cannot afford to pay for medical insurance	59	27.2%
Employer does not offer insurance	15	6.9%
Choose not to have medical insurance	3	1.4%
Other	12	5.5%

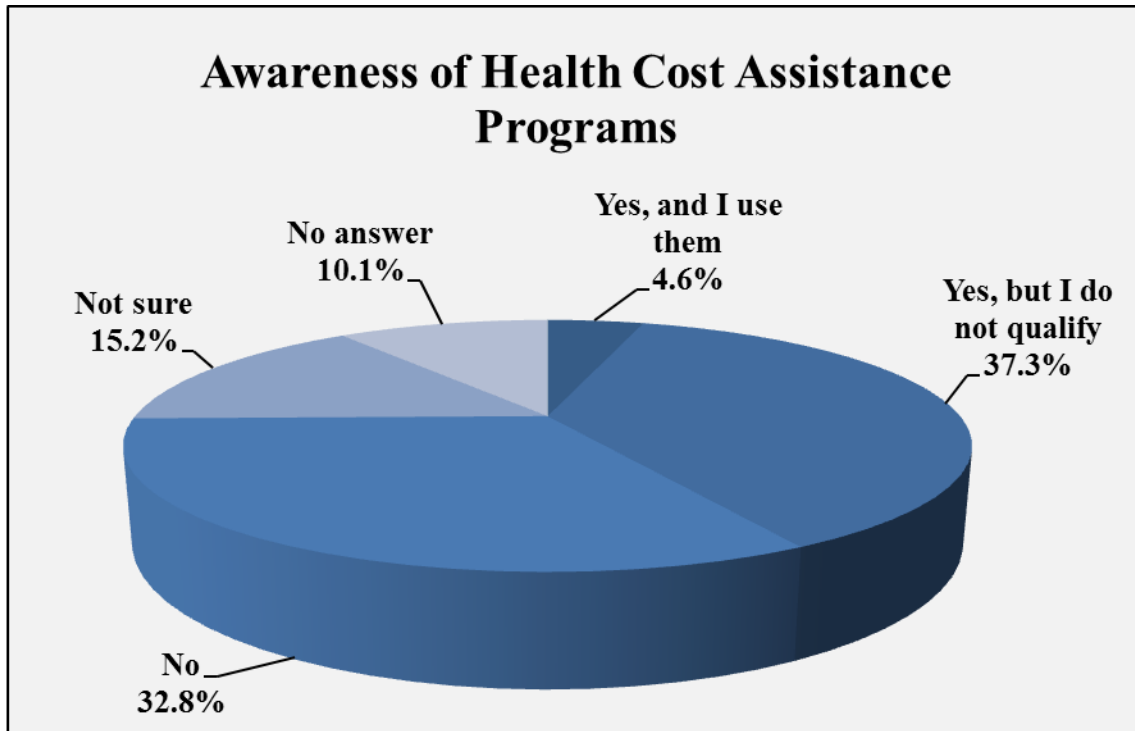
“Other” comments:

- Preferred providers not available
- My husband never selected to get it – I wish I had insurance for dental and eyes
- Dental not included- should be!
- Too expensive at my age
- On Medicare
- College student
- Have Medicare & supplement insurance
- Cost/benefit ratio for dental or vision
- I lost it when my husband passed on
- [Cannot afford to pay for insurance] I have dental & vision
- Non-medical
- I make too much money to get help from the state. “Really? I can’t believe it.”

Awareness of Health Payment Programs (Question 29)

N= 217

Respondents were asked to indicate their awareness of programs that help people pay for health care bills. Thirty-seven percent of respondents (n=81) indicated they were aware of these types of programs, but did not qualify to utilize them. Thirty-three percent (n=71) indicated that they were not aware or did not know of these programs and 15.2% of respondents (n=33) indicated they were unsure. Ten percent (n=22) chose not to answer this question.



“Other” comments:

- [Yes, I qualify] but I don't need them

VI. Focus Group Methodology

Six focus groups were held in Glendive Medical Center's service area in February 2013.

Forty-four people participated in the six focus group interviews. The focus groups were designed to represent various consumer groups of health care including senior citizens and local community members. The focus groups were held in Glendive and surrounding communities (Terry, Richey, and Wibaux). Each group was up to 90 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Teresa Hicks and Cindra Stahl with the Montana Office of Rural Health.

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

Focus Group Findings

The following themes and issues emerged from the responses participants gave to the line of questions found in Appendix F.

- *Major issues in health care-* A variety of themes were discussed throughout the focus group meetings. The most common themes were zoning issues, the high turnover rate of physicians, and mental health. Moreover, participants specifically indicated that heart disease and cancer are major health concerns in the area.
- *Opinion of services and quality of care at Glendive Medical Center:*

Quality of Care- Participants spoke very highly of the level of care they receive at Glendive Medical Center and find the quality of care to be excellent. Participants did express great frustration regarding the high turnover of providers. One participant noted, “I wonder why all the doctors leave. It makes me wonder if it is not a good place to work.”

Number of Services- In general, participants found the number of services available to be adequate and are thankful for the specialists that come into town. However, participants mentioned it is difficult to get appointments with specialists because their schedules are booked. In particular, participants indicated a need for more services such as a dermatologist, more elderly services, and hearing services. Participants also suggested the addition of a walk-in clinic would be beneficial.

Hospital Staff- Participants discussed the hospital staff in terms of style of care and competence. Hospital staff was viewed positively by participants. Participants have had good experiences with hospital staff and find them to be competent, helpful, and professional.

Hospital Board and Leadership- The Hospital Board was not known well by many participants. Some who were more familiar with the Board feel that leadership could improve and that the Board could be more proactive.

Business Office- Participants mostly had good things to say about the business office but acknowledged that billing, insurance, and Medicare are complicated and the collections policy is controversial. One participant stated, “The business office is kind of slow with billing.” Participants also indicated they would like better transparency in billing to know what they are paying for.

Condition of Facility and Equipment- Participants were very happy with the condition of the facility and find it to be “clean and well-equipped.” Some participants mentioned concerns about how much money the hospital spends to continue remodeling the facility. Participants were very grateful for the Auxiliary’s role in purchasing new equipment.

Financial Health of the Hospital- The financial health of the hospital was not known by many participants but many felt it must be fine if the hospital continues to build on. Participants also suggested that the Board should be more open to the community about the hospital’s finances.

Cost- Participants felt that costs of services are high everywhere. Some participants perceived Glendive Medical Center's costs to be high compared to other nearby hospitals while others found costs to be comparable. Participants acknowledged the importance of having insurance noting, "If someone doesn't have insurance, they are at a disadvantage. You might not get the same services as you would if you were on an insurance plan."

Office/Clinic Staff- Participants did not report any negative experiences with office or clinic staff. Participants conveyed their appreciation of the after-hours clinic stating, "I like having the after-hours clinic. They're good with my kids."

Availability- Participants were pleased with the availability of appointments and praised the after-hours clinic. One participant noted, "I've never had a problem getting in for an appointment but providers do have limited schedules and are very busy."

- *Opinion of local providers-* Participants indicated they mostly use local providers as their or their family's personal provider. Participants from surrounding areas sought health services in Glendive, Sidney, as well as Circle. Reasons noted for using local services included: proximity, ease of travel, and convenience.

- *Opinion of Local Services:*

Emergency Room- Participants were happy to have emergency services. They spoke highly of staff in the ER and were pleased with the care they received. However, participants mentioned Emergency Room services are expensive and that patients often have to wait long periods of time before being admitted.

Ambulance Service- Many participants had very little experience with the ambulance; those that did shared very positive remarks. One person did comment, "The ambulance service is excellent but not well-staffed. The demand for ambulance services is higher than ever. This is a crisis that is not well-known in the community."

Health Care Services for Senior Citizens- Participants were satisfied with the services available for senior citizens. They praised Lifeline and also praised the Home Health care that is based in Glendive. Participants would like to see more gerontology specialists in the area as well as transitional housing for seniors.

Public/County Health Department- Participants were impressed with the wide array of services offered by the health department noting, "They offer shots, Meals on Wheels, blood draws, a toenail clinic, etc." Participants also mentioned that they like the health department and that the public health nurse is proactive.

Health Care Services for Low-Income Individuals- Participants seemed content with healthcare services that are available for individuals and families of low-income but expressed concern that they do not receive adequate dental care because dentists do not accept Medicaid. Another participant expressed, "I wish the hospital could offer a sliding fee scale where you pay a percentage based on your income rather than having charity care." Other participants

mentioned concerns about misuse of the Emergency Room then spoke highly of how community health centers could address that phenomenon.

Nursing Home/Assisted Living Facility- Participants thought Glendive's Nursing Home was one of the better ones available in the area. Participants felt people are well taken care of but think it is too expensive for families. Participants also mentioned that Assisted Living for low-income people is needed.

Pharmacy- Participants felt the pharmacy serves the community well and it is convenient to get medications locally.

- *What Would Make the Community a Healthier Place to Live-* Participants offered many suggestions for making Glendive and the surrounding area a healthier place to live. They focused on the need for more visiting physicians, the importance of retaining providers, more services for the aging population, mental health, more housing for seniors, the benefits of Telemedicine, and access to providers and medication. Moreover, participants specifically indicated a desire for an endocrinologist and a doctor for diabetes. In addition, participants also noted that suicide, addictions, and abuse are issues that need to be addressed.
- *Why people might leave the community for health care services-* Generally, participants would leave Glendive for specialized services, if a service was not available, if their trusted provider no longer practiced in Glendive, or if the issue was out of the scope-of-practice for local providers. Participants also left because of a lack of choices for providers, lack of awareness of local options, to be closer to family, or if they encountered personality conflicts.
- *Health Services needed in the Community-* Additional services that participants from surrounding areas felt were needed was Assisted Living, additional Home Health services, dialysis, more providers, transitional housing for seniors, and a sliding fee scale or community health clinic. Participants specifically mentioned a need for gerontology, a chiropractor, an orthopedic surgeon, dermatology, dental care, and optometry.

VII. Summary

Two hundred and seventeen surveys were completed in Glendive Medical Center's service area for a 29% response rate. Of the 217 returned, 68.7% of the respondents were female, 62.6% were 56 years of age or older and 66.1% have lived in the area for sixteen or more years.

Respondents rated the overall quality of care at the hospital as fair to good, scoring 2.8 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Seventy percent of the respondents have seen a health care specialist during the past three years. The most frequent specialists seen were: "Orthopedic surgeon" at 26.5%, "OB/GYN" at 24.5% and "Dermatologist" at 21.9%.

Overall, the respondents within Glendive Medical Center's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the health care sector has on the economic well-being of the area, with almost 75.7% of respondents identifying local health care services as "very important" to the economic well-being of the area.

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

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

Appendix A- Steering Committee Members

Steering Committee- Name and Organization Affiliation

1. Scott A. Duke – Chief Executive Officer, Glendive Medical Center
2. Barbara Markham – Vice President of Financial Services, Glendive Medical Center
3. Carrie Sokoloski – Community Relations Coordinator, Glendive Medical Center
4. Kim Stulc – Marketing Coordinator, Glendive Medical Center
5. Jeanne Seifert – Director, Dawson County Health Department
6. Ross Farber – Superintendent of Schools
7. Amy Deines – Executive Director, Economic Development
8. Adam Gartner – County Commissioner, Glendive
9. Ty Ulrich- Glendive Police
10. Brad Mitchell- Glendive Police
11. Cassie Arndt- Executive Assistant, Glendive Medical Center
12. Carol Condon- Foundation Director, Glendive Medical Center

Appendix B - Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Jeanne Seifert – Director, Dawson County Health Department
- b. Date of Consultation
First Steering Committee Meeting: October 29, 2012
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Suicide
 - Hunger
 - Housing concerns with the impact of oil development in Eastern Montana

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

1. Population: Low Income/Underserved
 - a. Name/Organization
Adam Gartner – County Commissioner, Glendive
Ty Ulrich- Glendive Police
 - b. Date of Consultation
First Steering Committee Meeting: October 29, 2012
 - c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
 - d. Input and Recommendations from Consultation
 - Need to develop a question to address mental health issues
 - Emergency services- law enforcement

2. Population: Seniors

a. Name/Organization

Focus group participants- Richey Senior Center
Focus group participants- Glendive Senior Center
Focus group participants- Wibaux Senior Center

b. Date of Consultation

Richey Senior Center:	February 26, 2013
Glendive Senior Center:	February 27, 2013
Wibaux Senior Center:	February 27, 2013

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

Focus Group

d. Input and Recommendations from Consultation

- Retention of providers
- Mental health services for seniors
- Specialty services: nutrition, diabetes

Appendix C- Survey Cover Letter



**Glendive
Medical
Center**

202 Prospect Drive
(406) 345-3306



207 W. Bell Street
(406) 377-5213

February 11, 2013

Dear Community Member:

Glendive Medical Center (GMC), in partnership with the Dawson County Health Department, is working with the Montana Office of Rural Health/Area Health Education Center to conduct a community health needs assessment survey. The purpose of the survey is to gather important information from a wide range of participants to assist in strategic planning to determine medical services, equipment and facilities needed to meet present and future health care needs.

As a community member, your name has been randomly selected to participate in this survey. Your responses are very important; surveys were sent **ONLY** to residents in Glendive and the surrounding area, as such, your opinions will be representative of the overall community. The survey covers topics such as: use of health care services at GMC and community providers, awareness of services, community health, health insurance and demographics.

Your time is valuable and every effort has been made to keep the survey brief. It should take **approximately 15 minutes** to complete. To encourage participation, a weekly raffle drawing will be held with a total of \$500 in Glendive chamber bucks to be given away. A drawing will be held each week beginning February 25 (\$200), March 4 (\$200), and March 11 (\$100). The winning ticket numbers will be posted on the GMC website at: www.gmc.org and in the Ranger Review newspaper.

Participation is simple. Along with your survey, you should have received two raffle tickets. Once you have completed the survey, **please place the survey along with ONE of the raffle tickets in the enclosed self-addressed, postage paid envelope. The survey must be returned, postmarked no later than March 11, 2013.** Winners must present their raffle ticket, which matches the winning number, at the Dawson County Health Department.

Completed surveys will be sent to the National Rural Health Resource Center in Duluth, Minnesota, a non-profit organization that is assisting with this project for processing. The overall results of the survey will be shared with the community later this spring. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001.

Thank you for your assistance, efforts, and participation in this survey; we genuinely appreciate all you do.

Please participate in our Community Health Services Development survey and you may be one of three lucky winners of \$100 in Glendive chamber bucks!

Sincerely,

GMC and Dawson County Health Department

Appendix D- Survey Instrument

Community Health Services Development Survey Glendive, Montana

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

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

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

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

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

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

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

- Yes No

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

- Yes No Not applicable, I don't take medications

6. How do you rate your knowledge of the health services that are available at Glendive Medical Center?

- Excellent Good Fair Poor

7. How do you rate your knowledge of the health services available at Dawson County Health Department?

- Excellent Good Fair Poor

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

- Health care provider Friends/family Public health Word of mouth/reputation
 Mailings/newsletter Billings Gazette Television Radio (KXGN, KGLE, KDZN)
 Website/internet Presentations Ranger Review Other _____

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

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

10. How important are local health care 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 health care services but did NOT seek or delayed seeking 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 health care services? **(Select 3 that apply)**

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

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

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

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

- | | | |
|--|---|--|
| <input type="radio"/> Adult daycare | <input type="radio"/> ENT (ear/nose/throat) | <input type="radio"/> Cancer treatment |
| <input type="radio"/> Dermatology | <input type="radio"/> Independent housing | <input type="radio"/> Wellness center |
| <input type="radio"/> Dialysis | <input type="radio"/> Nutritional services | <input type="radio"/> Mental health |
| <input type="radio"/> Cardiology | <input type="radio"/> Orthopedics | <input type="radio"/> Other _____ |
| <input type="radio"/> Adult transitional housing | <input type="radio"/> Prenatal/lactation services | |

15. 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 18)

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

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

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

- | | | |
|--|---|---|
| <input type="radio"/> Cost of care | <input type="radio"/> Hospital's reputation for quality | <input type="radio"/> Required by insurance plan |
| <input type="radio"/> Closest to home | <input type="radio"/> Prior experience with hospital | <input type="radio"/> Service not available locally |
| <input type="radio"/> Closest to work | <input type="radio"/> Recommended by family or friends | <input type="radio"/> VA/Military requirement |
| <input type="radio"/> Emergency, no choice | <input type="radio"/> Referred by physician | <input type="radio"/> Other _____ |

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

- Yes No (If no, skip to question 21)

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

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

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

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

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

- Yes
- No **(If no, skip to question 24)**

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

- Allergist
- Neurologist
- Podiatrist
- Cardiologist
- Neurosurgeon
- Psychiatrist (M.D.)
- Dermatologist
- OB/GYN
- Psychologist
- Dietician
- Occupational therapist
- Pulmonologist
- Endocrinologist
- Oncologist
- Radiologist
- ENT (ear/nose/throat)
- Ophthalmologist
- Rheumatologist
- Gastroenterologist
- Orthopedic surgeon
- Urologist
- General surgeon
- Pediatrician
- Other _____
- Geriatrician
- Physical therapist

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

- Glendive Medical Center- Glendive
- St Vincent's- Billings
- Holy Rosary- Miles City
- Billings Clinic- Billings
- Sidney Health Center- Sidney
- St Joseph's – Dickinson, ND
- Mercy Medical Center- Williston, ND
- VA
- Other _____

24. The following services are available at Glendive Medical Center. Please rate the overall quality for each service. (Please mark N/A if you haven't used the service)

	<i>Excellent = 4</i>	<i>Good = 3</i>	<i>Fair = 2</i>	<i>Poor = 1</i>	<i>Don't Know = DK</i>
Emergency room	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Behavioral health	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Cancer Outreach Center (chemo)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Extended Care/nursing home	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Gabert Clinic	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Home health/hospice	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Labor and delivery	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Laboratory	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Pharmacy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
The After-Hours Clinic	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Radiology/imaging	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Rehabilitation services (physical, occupational, cardiac)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Surgical services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK

25. Please rate your perception of community health services in our community.

	<i>Excellent = 4</i>	<i>Good = 3</i>	<i>Fair = 2</i>	<i>Poor = 1</i>	<i>Don't Know = DK</i>
Availability of substance abuse treatment programs for youth	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Availability of substance abuse treatment programs for adults	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Availability of Alcoholics Anonymous groups	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Availability of prevention programs for youth	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Availability of prevention programs for adults	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Overall quality of substance abuse services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Availability of mental health services for youth	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Availability of mental health services for adults	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Availability of mental health services for seniors	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Overall quality of mental health services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK

26. What type of medical insurance covers the **majority** of your household's medical expenses? (Please Select only ONE)

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

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

- Excellent Good Fair Poor

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

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

29. Are you aware of programs that help people pay for health care expenses?

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

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

- 59330 Glendive 59353 Wibaux 59262 Savage 58621 Beach 59259 Richey
 59270 Sidney 59215 Circle 59349 Terry 59221 Fairview 59201 Wolfpoint

31. How long have you lived in the area?

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

32. How many people, including yourself, live in your household?

- 1 2 3 4 5 6 7+

33. How many children under the age of 18 do you have living with you?

- 0 1 2 3 4 5 6 7+

34. What is your gender? Male Female

35. What age range represents you?

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

36. What is your employment status?

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

Please return in the postage paid envelope enclosed with this survey or mail to:
The National Rural Health Resource Center, 600 East Superior Street, Suite 404 Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix E- Responses to Other and Comments

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

- Moral depravity
- Need more doctors
- Flu
- Dependency
- Murders
- lack of medical insurance/coverage
- Bad diet
- Gambling
- That GMC is allowed to operate
- Inability to pay high cost. Even with 80% of my healthcare costs covered I can't afford to cover the remaining 20%
- Poor diet- limited access to healthy foods (especially at restaurants)

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

- Retention of physicians
- Knowledge on health matters
- Senior Housing
- All of these are important

7. How do you rate your knowledge of the health services that are available at Dawson County Health Department?

- N/A (Wibaux County)

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

- Don't use Glendive Medical Center (GMC) or community. I go where services are competent
- GMC is the only place to see a doctor in this town
- Family
- Yellow Pages
- Born & raised here
- Facebook (Social Media)
- Avoid them
- Self-learning

9. In your opinion, what would improve our community's access to health care?

- Confidentiality
- First of all, let's call it what it is –“Sick care.” Our community needs more preventative education so they don't need “sick care”
- A general practitioner
- All day walk-in care
- Insurance preferred-provider contracts
- Better billing services that are not so fast to turn into collections
- More options for bill pay and financial assistance

- Medicare covering natural medicine
- Dr. Stewart
- Affordability
- Revamp GMC from top to bottom

12. If yes, what were the three most important reasons why you did not receive health care services?

- Incompetent hospital
- Didn't want to hear what they would tell me
- Exorbitant fees for service charged to me because I have no insurance. I pay cash, the only reason for the high fee was that it was hospital policy.
- No regard for HIPAA laws at the medical center
- All of the administration needs to change
- Hoped it wasn't serious
- Billing issues with GMC
- Feared confidentiality would be breached
- When I did have insurance the copay and deductible were too much
- Not confident the diagnosis would be accurate
- Some doctors are very mean and act like they hate you; so I want to go to Miles City

14. What additional health care services would you like to see available locally?

- Women's Health
- None due to excessive fees to no one insured
- None (3)
- Prefer Dickinson; Receive much better quality of care there
- Endocrinologist (2)
- Weight Loss
- Youth Mental Health
- Midwife
- I travel elsewhere for services
- Orthodontist
- Podiatrist
- Nothing at GMC

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

- Bone & Joint Clinic: Outpatient surgery. Bismarck, ND
- McCone County Health Center (2)
- St. Alexius- Bismarck, ND (2)
- Northeast Montana Health Services – Wolf Point/Poplar, MT
- Terry, Billings, Miles City
- Great Falls Clinic Medical Center
- VA in Salt Lake City, UT
- St. Francis, MN

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

- Was told only place covered under MT Cancer Plan
- They actually have doctors
- Doctors leave
- Closer to Family
- Have good doctors
- Can make payments unlike GMC who requires your balance paid in full in 30 days
- GMC Employee
- Insurance preferred-provider
- Will not use GMC unless I have to
- Kind people
- Time constraints due to child birth
- Close to family
- I work at Sidney Health Center
- Only go there if I have no money to go to Miles City
- NOT GMC

19. Where was that primary health care provider located?

- Bismarck, ND
- Wibaux, MT
- Dr. Dickinson in Glendive, MT
- Terry, MT (3)
- Will only use GMC if I have to in the future
- Circle Clinic (5)
- Baker, MT
- Great Falls, MT
- Northeast Montana Health Services (NEMHS) – Wolf Point/Poplar, MT
- Beach, ND

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

- Change of doctor
- Doctor (2)
- Former provider left
- Only doctor available (2)
- Awesome doctors
- Not affiliated with GMC (2)
- Can make payments
- Physician quality of care. Carleen Gaub
- Insurance, Preferred Provider Organization (PPO)
- At Wibaux Clinic
- History with provider (5)
- Knows family history
- Always willing to get me in
- Can get results of tests that day & also results in the mail
- Work at Sidney Health Center (SHC)

22. What type of health care specialist was seen?

- Chiropractor
- A great provider
- Oral surgeon (2)
- Chronic pain specialist
- Received yeast infections, don't know what that's under
- Eye specialist
- Back/Spine surgeon
- A nephrologist
- Arthritis specialist

23. Where was the health care specialist seen?

- Bad mistake. This is where excessive charges began. GMC's only explanation was if you pay cash that was "hospital policy" for the high fees.
- Beach, ND
- Georgia
- Ortho Montana
- Bone and Joint Center – Bismarck, ND
- Billings Clinic and Miles City, MT (11)
- Rocky Mountain Eye Clinic – Missoula, MT
- Yellowstone Clinic
- Will not use GMC in the future
- St. Alexius – Bismarck, ND (3)
- Glasgow, MT
- Greely, CO
- MT Heart – Billings, MT
- Telemed in Glendive, MT
- Shiloh – Billings, MT
- Minnesota
- Private Practice – Glendive, MT
- Trinity – Williston, ND
- Great Falls Clinic Medical Center
- Billings, MT (Psychiatrist with her own practice)
- Arthritis & Osteoporosis Center
- Med Center On (Stafford Health) – Bismarck, ND
- Glendive, MT
- Mental Health Center

25. Please rate your perception of community health services in our community.

- I am aware they are available but I have not needed or thought about it
- Always room for work and progress

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

- Cash (self)
- Supplement (3)
- Self-plan

- United Healthcare
- Blue Cross Blue Shield

28. If you do NOT have medical, dental, or visions insurance, why?

- Preferred providers not available
- My husband never selected to get it - I wish I had insurance for dental and eyes
- Dental not included- should be!
- Too expensive at my age
- On Medicare
- College student
- Have Medicare & supplement insurance
- Cost/benefit ratio for dental or vision
- I lost it when my husband passed on
- [Cannot afford to pay for insurance] I have dental & Vision
- Non-medical
- I make too much money to get help from the state. "Really? I can't believe it."

29. Are you aware of programs that help people pay for health care expenses?

- [Yes, I qualify] but don't need them

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

- 59339

36. What is your employment status?

- Stay at home mom (3)
- Homemaker
- Working 2nd part time job
- Self-employed farmer (3)
- Self-employed (4)
- Job eliminated
- Housewife
- Mostly retired
- Can't work until I have my baby

Additional comments:

- We wouldn't go to the Glendive Clinic for a band aid. Nice building, but very poor health services also includes the nursing home
- Your collection methods are questionable. This prevents me from seeking help. It doesn't matter what services you offer if I can't afford to pay your bill.

Appendix F- Focus Group Questions

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

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

Appendix G- Focus Groups Notes

Focus Group #1

Tuesday, February 26, 2013 – 9am-10apm – Prairie Community Center – Terry, MT

2 people (0 male, 2 female)

1. What would make this community a healthier place to live?
 - The only thing in the paper I can think of is that Terry is going into the zoning thing... a lot of people are coming into Terry.
2. What do you think are the most important local health care issues?
 - The big one is zoning. If more people are coming in, where are they going to live? That is a major health concern. Places that haven't been lived in in a while. Then people come in and live in them. There are a lot of them in Fallon.
3. What do you think of the hospital in terms of:
Quality of Care
 - I've always had good luck with them. Whether I go to Terry or I go to Glendive I have a quality of care that is okay. I would give it a five out of five. It's excellent.

Number of Services

- I don't know if they do this at the hospital... Is there any way they can do hearing services? I've looked in the yellow pages, but you have to go to Lewistown. I know they have offices in Glendive, but I don't know where they are.
- I know if you break your arm or leg...
 - That's right there is no orthopedic surgeon.
- I live in Fallon and there is no congregate meal... I wish there were more elderly activities.

Hospital Staff

- They are fine. I've never had a problem.

Hospital Board and Leadership

- From what I've seen they are okay. I have more good comments than bad.

Business Office

- If I have a question, they know.

Condition of Facility and Equipment

- I get my mammograms and physicals done in Glendive. The only thing I don't like is if I get my x-ray done in Terry, they charge me again to read it in Glendive.

Financial Health of the Hospital

- I don't know a lot about it.

Cost

- If someone doesn't have insurance, they are at a disadvantage. You might not get the same services as you would if you were on an insurance plan.

Office/Clinic Staff

- I've never had a problem. When I make an appointment, there is never something that's not right.

Availability

- I get in right away.

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

- No, I go to Miles City. I never went to Glendive. I had a good friend who was a nurse in Glendive fifteen years ago and she said, "don't go to Glendive." I figured she'd know.
- Yes, my doctors are in Glendive.

5. What do you think about these local services:

Emergency Room

- Never been there.
- The only problem is my sister-in-law works in the ER, when her family comes in, she isn't allowed to see us.

Ambulance Service

- Never used it.
- The ambulance that comes in to Fallon usually sends people to Miles City but if the patient wants to go to Glendive, they should let them.

Health Care Services for Senior Citizens

- Our seniors come here [to Terry].
- I don't know about Glendive. I've heard good things.
 - Agreed.

Public/County Health Department

- In the health department in Terry, she does the best job she can with what she's got.
- There isn't anything for people in Fallon. If they get in respite care in Fallon then they're okay, but otherwise... people don't want to come to Terry.

Health Care Services for Low-Income Individuals/Families

- I don't really know.
- It goes back to whether or not they have insurance. Whether or not they qualify. In Glendive, I think they get better services than what they get here in Terry.

Nursing Home/Assisted Living Facility

- They have Home Health where they have someone that goes into someone's house.
- A while ago it wasn't sufficient. The Nursing Home was full, but we've lost quite a few people. There is one person that does it Home Health in her home. There are a lot of people that don't want to leave their home. People would stay in their home if they could get help.

Pharmacy

- Not discussed.

6. Why might people leave the community for healthcare?

- Miles City has a variety of doctors, different specialists.
- When the doctors from Billings come to Glendive; that is a big help. That has helped for people to have that option.

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

- There was a chiropractor that came once a week but now he doesn't come to Terry. There was talk about getting a dentist to come once or twice a week but there is a lot of expense in that.

Focus Group #2

Tuesday, February 26, 2013 – 1pm-2pm – Richey Senior Center – Richey, MT
10 people (3 male, 7 female)

1. What would make this community a healthier place to live?
 - In Richey, the majority of folks are over age sixty...so older folks.
 - The problem with Glendive is they keep building on and building on. Older folks like us don't know where stuff is and we don't like walking around to try to find something.

2. What do you think are the most important local health care issues?
 - High turnover of physicians.
 - When we find someone we like, they are gone. There are new doctors every year. The hospital needs to work with their doctors to get them to stay. They also don't work well with the nurses.
 - All the expansion is supposed to cover more things...they build a lot but they still don't get the doctor so we still have to go to Billings to be seen.
 - Another concern is the mental health aspect. It is a real concern. There are hundreds of square miles where there are no doctors. They had a doctor doing mental health but she could not get along with the hospital.

3. What do you think of the hospital in terms of:
Quality of Care
 - My daughter birthed three children there and felt her care was good there. But since then, both the OBGYN and pediatrician left. So for her last child, she went to Dickinson so she could be with her doctor. She loved the facility at Glendive Medical Center but wanted a doctor she was comfortable with.
 - When you get a rapport with a doctor, then they leave, it leaves a void. You have to find another doctor. You like to feel comfortable.
 - I have to go to Miles City because I lost my doctor in Glendive. I would transfer back to Glendive but I don't know who they are bringing in.
 - I went through three doctors in Glendive. They all kept leaving so I went to Sidney.

Number of Services

- I don't go to Glendive Medical Center.
- I was supposed to have specialty services but my appointment was cancelled twice.
- The dermatologist comes but you can't get in because the appointments are so booked.

Hospital Staff

- I could say I don't doctor in Glendive but I needed oxygen so I went to Glendive and they were cordial and helpful but I still don't doctor there.
- I had a laparoscopy there seven years ago and the nurses are really good. They try their best. I had Dr. Leal and had a good experience.
- My sister-in-law was in hospice in the hospital and she was treated very well. She had a hard time leaving the hospital because they treated her so well.

Hospital Board and Leadership

- It has to be partially their fault the doctors are leaving. They [the Board] don't work with them [doctors].
- I was told the CEO has resigned. I can't say he was the sole problem, but he was part of the problem with the doctors leaving.
- I know there are problems with the community and the leadership – both the Board and CEO. I read editorials in the paper.
- The Sidney CEO stuck his head in the door and asked how I was being treated.
 - I had the Sidney CEO walk me to where I needed to go.
 - We're impressed that the CEO was involved in the day-to-day activities in the hospital in Sidney.

Business Office

- The business office is kind of slow with billing.
- I know a woman who wasn't told what the charges would be in advance.
- It's not necessarily the business office, sometimes its Medicare and billing. That problem is everywhere.

Condition of Facility and Equipment

- It isn't old, it's new!
- Everything is nice and new but they don't have the doctors to go along with it. Like surgery: they rebuild the surgery deal but only have one surgeon. If things keep growing with this oil, they aren't going to be able to handle it.

Financial Health of the Hospital

- With all the building and all the doctors leaving, can they support it?
- Every hospital keeps building and building to compete with bigger hospitals. They could hire more doctors and nurses and lower their bills.
- They have that big waterfall but that isn't why I go to the hospital. I just want a nice, clean building.

Cost

- It's all too expensive.
- My daughter went to the pediatrician. Her bill was over \$100 for a five-minute visit to look at eyes and ears.
- Compared to other hospitals, Glendive's cost is high for their appointments.
- Sidney is also very high.
- Cost is high all over.

Office/Clinic Staff

- They are all polite.
- I think they have a turnover there too. I never see the same person. I don't know what they pay. Most of the hospitals are looking for people to work.

Availability

- I had good service in physical therapy recently. It was expensive though.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
 - I go to Carleen Gaub, a Physician's Assistant. She's been there for several years.
 - She is good but you can't get in for an appointment.
 - I go to a PA in Circle. (2)
 - I see a PA in Sidney. (2)
 - I go where my parents go. The roads are better to Sidney than Glendive and they are the same distance.

5. What do you think about these local services:
 - Emergency Room
 - Sometimes you wait awhile and they don't even seem that busy. Like if you have a kidney stone or something, it takes thirty to forty-five minutes to get back there.

 - Ambulance Service
 - Richey has their own ambulance.
 - Good first response. Above and beyond.

 - Health Care Services for Senior Citizens
 - Home Health comes out of Glendive and I'm okay with that.

 - Public/County Health Department
 - We always get it but sometimes you have to wonder when.
 - The health department comes and does blood draws and flu shots.
 - They schedule us [Richey] last. I think they started later because of the roads.

 - Health Care Services for Low-Income Individuals/Families
 - Good as far as I know.

 - Nursing Home/Assisted Living Facility
 - A Nursing Home or Assisted Living couldn't be supported here in Richey.

 - Pharmacy
 - Go to Glendive or Sidney.
 - There is a large variety of pharmacies.
 - I don't use the pharmacy at the hospital.

6. Why might people leave the community for healthcare?
 - If the service is not available in Richey.

7. What other healthcare services are needed in the community?
 - Geriatrics. A good general physician. The biggest problem is there are no general practitioners.
 - Assisted Living in Richey (like Grandview in Glendive) where you had a nurse on call. Maybe a few years down the road. Or have a person who was in the community [Richey] that was a doctor where someone who needed help could get help right now.

- If we could get more people to get into Nursing Homes.
- People need help with cooking, bathing, etc. They don't need Assisted Living. Getting someone to mow the lawn. Kids don't want to do that. Get the sidewalk shoveled. Have someone to change light bulbs. That would be a huge benefit. There is Kathy's Service. She works here plus she works in Circle... she's spread pretty thin.
- We need helper services for tasks like taking the garbage out and moving things.

8. Additional Comments:

- Sidney Health Center has formed a walk-in clinic. I know Glendive has one but it's after business hours. I think if it was during the day, it would leave the ER open for emergencies and leave more availability for appointments. Sidney hired a doctor specifically for the walk-in clinic.
- Glendive Medical Center needs to retain their doctors.
 - We all agree!

Focus Group #3

Tuesday, February 26, 2013 – 6pm-7pm – Mid-Rivers Community Room – Glendive, MT
4 people (2 male, 2 female)

1. What would make this community a healthier place to live?
 - I'm satisfied with visiting physicians.
 - I would like a retina specialist. I drive to Mandan, North Dakota and winter is difficult.
 - Providers should be more stable.
 - I like my doctor, but many doctors have left.
 - Visiting physicians. Need a macular degeneration specialist. I couldn't get into Billings but I got into Mandan in North Dakota.

2. What do you think are the most important local health care issues?
 - No problems.
 - Nothing specific.
 - Muscular dystrophy in the area. Nobody has solved the problem but it is pretty prevalent.
 - Heart disease is above average.
 - Also, Cancer is significant. It is currently a statistically valid concern.

3. What do you think of the hospital in terms of:
 - Quality of Care
 - Very good care when I was working there. My brain tumor was treated in Salt Lake City and then I continued physical therapy here and it was just as good. Care has been excellent, no issues.
 - People take quality of services for granted.

 - Number of Services
 - Retinal specialist.
 - Brain tumor was treated altogether in Salt Lake City. Laser beam radiation killed it and I've had no side effects for six years. I'm impressed with that method.

 - Hospital Staff
 - Good.
 - The ER has improved and is prompt.
 - Fortunately I have not had any experience with the ER.
 - Can't complain.
 - I'm concerned about younger providers who just stay for a little while.

 - Hospital Board and Leadership
 - Don't know them.
 - Mr. Duke should have been around the Nursing Home more often. He is leaving now.
 - It is hard to take a leadership role in a small community.
 - Letters in the paper have been bad, negative.

Business Office

- Just like everywhere else, you get a bill every month.
- I went to Salt Lake City and have not been billed in over six months.

Condition of Facility and Equipment

- Pretty good. They spend lots of money on new surgery, ER, and cardiac.

Financial Health of the Hospital

- Used to be compulsory to attend a forum with Scott Duke. He gave a rundown of finances and it sounded good at the time.
- The community may not know the balance versus indebtedness with new construction. Are they going to fall in the hole or are they well-to-do?

Cost

- Higher here than in Salt Lake City.
- Prices are higher than average.
 - Higher prices than at Mayo.
- The blood draw at the health fair cost \$35 and it costs \$300 at the hospital.
 - The blood draw is a community benefit from Glendive Medical Center. It is the same with Birthday month blood draws. People take advantage of freebies.
- Dr. Griffin looks young but how long will she practice? We would be better to get doctors in their 40's rather than in their 60's.
- Doctors here are at the end of their careers.

Office/Clinic Staff

- Good as far as I'm concerned.
- I like having the after-hours clinic. They're good with my kids.

Availability

- The after-hours clinic got my kids in really quickly.
- Go to after-hours or ER and get it taken care of.
- It would be nice to have a walk-in clinic during the day.
 - We used to have a walk-in clinic for daytime.
- I don't want to wait for after-hours clinic availability especially when existing providers are booked. The sooner they get in, the sooner they get treated.

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

- Yes, because they are close when I need a provider.
- At our age, we need one in town.
- May need a referral.

5. What do you think about these local services:

Emergency Room

- There was a person with first rate heart problems and I was extremely impressed. They quickly got the person flown out.

- I'm comfortable with the hospitalist on staff.
- There is always a MD or DO onsite so the Physician Assistants (PA's) in the ER have help available. That adds confidence to the ER situation especially for bad cases or multiple victims.
- What about stroke care? I'm not sure if it's connected with Billings or not.

Ambulance Service

- They are right there.
- I like them; there are no negatives from anybody.
- The crew is well-trained. They have a good response time and give good treatment.
- Generally, the EMT's are excellent but the crew is thin now. It is frightening how many times there are pages before a response. Calls have gone up exponentially too. This is a public health issue. Our emergency response system is 100% volunteer.

Health Care Services for Senior Citizens

- I'm satisfied with the care available for senior citizens.

Public/County Health Department

- I like the health department. I use it when we need shots like tetanus, hepatitis, etc. and send staff for shots.
- You can always get people in to the health department. Questions can be answered about when the last time you had a shot.
- I don't know anything about it.
- They needed stairs in the office and are now getting an elevator.

Health Care Services for Low-Income Individuals/Families

- I've never heard of anyone that wasn't treated.
- I wish the hospital could offer a sliding fee scale where you pay a percentage based on your income rather than having charity care.
- People that don't have health insurance come in on their last dime.
- Don't provide primary care.
- Need a community health center for people that fall between the cracks.
- How do you meet health needs?
- Cut down on ER use by offering a low-cost facility instead of the ER.
- Using ER services for non-emergencies takes away from others who need emergency services.

Nursing Home/Assisted Living Facility

- People who have been in the Nursing Home have been happy with it.
- Glendive Nursing Home is one of the better ones around. The quality is good.

Pharmacy

- Can get medications locally. Needs have been met.
- I don't go there very often.

6. Why might people leave the community for healthcare?
 - Because there is no neurologist so I went to Billings. The Glendive PA discovered my tumor with an ultrasound.
 - Out of habit. Too often I think that care outside of Glendive is better.
 - Might be able to get better quality for just as cheap of a price.
 - Grass is always greener... people need to be made aware of local options.
 - If a doctor rubs people the wrong way they will not return.
 - Personality conflicts. People either swear by their doctor or swear at him.
 - No choice of providers. There is just one in each specialty.
 - People don't realize that visiting physicians are an opportunity.
 - Timelines and availability may be better outside of Glendive, especially with travelling specialists.
 - You may still have to travel for the procedure.

7. What other healthcare services are needed in the community?
 - Need more providers.
 - Need an orthopedic surgeon.
 - Need dialysis.
 - Dialysis cannot be justified with the patient load.

Focus Group #4

Wednesday, February 27, 2013 – 9:30am-10:30am – Dawson County Courthouse – Glendive, MT
12 people (4 male, 8 female)

1. What would make this community a healthier place to live?
 - The homeless issue. They are trying to address it, but it is a huge issue.
 - Mental health and access to providers and medications.
 - Families may be over the income mark for Medicaid but still need help.
 - We have some mental health services available but they are overburdened.
 - Addictions and abuse are bigger issues than we realize. Those issues need to be targeted and addressed for resolution. The drug issue is more prevalent than we realize. There are Methamphetamine charges in the paper every week in the court report.
 - Do you remember the Paul Harvey report from 1960? Dawson County had the highest divorce rate, suicide rate, etc.
 - Suicide is a statewide problem. Montana's rates are way up there.
 - Access to services and stigma attached to service usage. Stigma is a huge problem, society judges people like crazy. Kids don't want to be seen at Altacare in schools.
 - Quality parenting care.
 - Better citizens.
 - Acknowledge the contribution of church programs to provide services; be a part of the community.

2. What do you think are the most important local health care issues?
 - Glendive Medical Center is bashed in the paper all the time... that scares people.
 - Doctors that come here need to stay here. It is frustrating when they leave.
 - I went to three doctors in six weeks' time. Each one had to go over everything all over again.
 - There have been some longtime doctors. Why did they choose to stay?
 - I'm glad to be a patient instead of a name.

3. What do you think of the hospital in terms of:
Quality of Care
 - For the ER, local care was way better.
 - We have negative people in the community.
 - My wife had colon cancer and the physician misplaced the port placement. She lost lots of blood and they had to air flight her to Billings. Negative people would say the doctor screwed up, but it was anatomical. How we handle issues is important. The doctor was completely transparent, he perforated an artery. But he owned his own mistake and the costs were absorbed. I can only speak well of them. Stuff happens, but they respond well.
 - Bashing happens everywhere but there is a very negative mindset here.
 - Few people make lots of noise.
 - Wound care is important. It's a quality measure for the hospital.
 - Quality of care relates to people's priorities of getting people well.

Number of Services

- Excellent.
- If they can't handle the situation, they're in contact with a larger facility.
- We have lost some level of services lately. For example, we lost orthopedic services. But now we have cancer treatment and other services locally. The cancer support group offers extremely valuable services and positive information is shared. The group offers critical support.

Hospital Staff

- Physical Therapy staff is outstanding.
- They are very competent and have good bedside manner. They deliver bad news professionally.
- The therapy at the hospital is excellent.
- I had a staph infection after my knee surgery at Billings Clinic. That hasn't happened here in Glendive.
- They don't trust results from other facilities.
- Staff is very competent.

Hospital Board and Leadership

- The CEO must rise to the occasion and take the challenge.
- Now plan to utilize an interim with good success.
- It is fun to serve on the Board in good times, but when things are bad it is hard to serve.
- Healthcare is very complex. The Board is looking for the best alternatives which led too close to a connection with Billings.

Business Office

- They are willing to take money.
- The collections policy has been controversial. Billings Clinic works with people by offering installment payments. At Glendive Medical Center, it appears that money is all they care about. Billings Clinic worked with a foreign student for charity care.

Condition of Facility and Equipment

- Top-notch.
- Clean and well-equipped. The hospital has ultrasound, x-ray, etc.
- It is difficult to find departments or how to get outside. In some hospitals you just follow the stripes.

Financial Health of the Hospital

- I don't know enough to say.
- The public opinion is that the hospital is raking in the money.
- There are so many employees and not that many patients.
- Most people don't know.
- A financial sheet from the bank would be a great Public Relations (PR) piece. What does it cost to be a hospital? What does payroll cost?

- The Board needs to develop appreciation for finances. What is the hospital obliged to do to meet bills.
- I'd like more information about the number of people that are served who are indigent.
- They anticipate certain issues. Then how does the hospital meet that care?
- These are very delicate issues but closed books lead to guessing.

Cost

- Expectation is attached to cost. People react negatively.
- Glendive Medical Center is more expensive and then you usually have to have the same procedure done again in a bigger facility.
- Vastly different billing for the same procedure. For example, delivering a baby.
- Glendive Medical Center has costs that are quite high. Office visits are over \$100
- Noninsured people cannot afford medical care.

Office/Clinic Staff

- No bad experiences. They are very helpful.
- Staff members are your neighbors...what can you say?

Availability

- The walk-in clinic is awesome.
- It is easier to get an appointment at the hospital than it is to get a driver's license.
- The walk-in clinic needs to be open more hours.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
 - Convenient.
 - The Wibaux Clinic offers some local services.

5. What do you think about these local services:

Emergency Room

- Services are expensive.
- It takes a long time to wait to be seen.
 - I had the opposite experience. They were fast and had quick turnaround with patients.
- The ER saved my son's life. It was well worth the cost.
- ER's around the country have been going away. We're lucky to still have one here in Glendive.
- Usually, people have to visit the ER at inopportune times. They may not have bad concerns but have to be able to get appropriate care.
- Look how good we have it compared to other cities or countries.
- They are busy with surgeries in Billings.

Ambulance Service

- Good, comforting. They take care of everything.
- The ambulance service is excellent but not well-staffed. The demand for ambulance services is higher than ever. This is a crisis that is not well-known in the community.

- On a scale from one to ten, where does Dawson County fall in emergency services?
 - About a six or seven.
- Paramedics are worn out. They are dedicated and make sacrifices.
- Four to six people respond to every emergency, but most don't respond. That is a huge burden. It is always the same ten people.
 - In Glendive, it is always the same three people. We need to educate and train volunteers.

Health Care Services for Senior Citizens

- Medicare is such a bargain.
 - But getting into the Medicare system is a challenge.
- Isolation is a problem for farming and ranching communities. They may not get the care they need because they don't have access.
- There is not a specific doctor for seniors... no gerontology.
- Home health services are limited due to cost.
- Driving time is prohibitive.
- There is a need for transitional housing. It'd be great to have nice apartments for older people that can't take care of their lawn or do daily jobs. Seniors can't afford rentals but need transitional housing.

Public/County Health Department

- Awesome.
- There is a proactive nurse there.
 - They are so proactive; it isn't just a job to them, but a passion.
 - They are always looking for ways to help the community.
- Offers care for younger ages.
- Do people utilize the services?
- Staff is great.

Health Care Services for Low-Income Individuals/Families

- Sliding fee scale or community health clinic is needed.
- Is a sliding fee scale or free clinic something to consider here? Federal funding would be helpful. The Community Health Center model is appropriate. Still offers different models.
- Are there people who don't see the doctor?
 - Yes.
- People may visit the office of public assistance but don't qualify under Medicaid. They utilize ER rather than an office visit.
- Dental care is needed. Are there dental providers who accept Medicaid and Medicare?
- Churches may provide some help for people to avoid collections. That is a case-by-case basis.
- There is a Day for Doc service that offers free dental care. It is well-attended and is a volunteer effort.
- People often put off problems until it becomes critical. That is a difficult equation to work out.

Nursing Home/Assisted Living Facility

- The Nursing Home doesn't smell like a Nursing Home.

Pharmacy

- In and out of pharmacy...they are very efficient.
- Convenient.
- There are three of them in town.
- Syringes may not be accessible nowadays. It would be convenient to have them over-the-counter.
- We are well-served in a small community.
- They should offer information on how to dispose of unused medications properly. The Sheriff's office has a drug drop-off. Prescription drug abuse causes deaths. They need to repeat their presentation again.

6. Why might people leave the community for healthcare?

- If the issue is out of the scope-of-practice for local providers. People often go directly to Billings for specialists.

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

- Transitional housing for seniors.
- Sliding fee scale or community health clinic.

Additional Comments:

- I'm frustrated by all the changes.
- We must build for the future and have a vision for years to come.
- The staff doesn't seem happy across the board. It is not a fun work environment. My anxiety goes up when they walk in the door.
- Why do we lose doctors? Why is there such a high turnover rate?

Focus Group #5

Wednesday, February 27, 2013 – 12:30pm-1:30pm – Senior Center – Glendive, MT
15 people (1 male, 14 female)

1. What would make this community a healthier place to live?
 - Garbage doesn't get picked up.
 - An Endocrinologist is needed, specializing in diabetes.
 - Need a doctor for diabetes. There are no local specialty physicians.
 - Need to make people aware of issues.
 - Telemedicine is helpful.

2. What do you think are the most important local health care issues?
 - Not discussed.

3. What do you think of the hospital in terms of:
Quality of Care
 - Excellent.
 - I agree.
 - Very good.
 - Great frustration when doctors come and go.
 - Doctors will always do that... just come and go.
 - The hospital has good care for families.

Number of Services

- There are a high number of services provided.
- There are a good number of options.
- We need more specialists like dermatologists.
- The visiting physicians' service offers access to specialists.
 - But it takes too long. About four months to get an appointment.
 - They are expensive.
- The after-hours clinic is a big bonus.
- What if the hospital offered a walk-in clinic throughout the day?
 - That a good idea. I think it would be very successful.
 - It would be good for the elderly, especially those who can't get transportation during the evening.
 - It would cut utilization of the ER.
 - A walk-in clinic would be a good idea.

Hospital Staff

- Good, very good.
- All staff wears the same uniform and I can't tell them apart.
- Often, doctors don't get to make their own calls.

Hospital Board and Leadership

- The Board doesn't talk about things; we don't see much action.
- Some members are qualified but don't go to meetings.

- Be proactive and take issues to the Board.
- Needs improvement.
- Could improve.
- What are the Board and administration issues?

Business Office

- Don't have contact with them.
- Generally, I've had good luck with them. Sometimes there's a delay due to doctors' billings and sometimes I get snotty messages.
- Billing is slow; not timely.
- Bills come a year later.
- You don't know how much you spent.
- They sent a bill to a person who had passed away.

Condition of Facility and Equipment

- Very good.
- The new equipment was purchased from auxiliary donation. Thank God for the auxiliary.
 - Auxiliary members are angels on earth; one of the largest volunteer groups.
 - One hundred volunteers.

Financial Health of the Hospital

- Who knows? Nobody knows.
- There is so much building going on.
 - They are always doing remodeling.
- Financial standing would be better if they hadn't built on so much.
- Huge hallways are a waste of space.
- The hospital has a nonprofit status but they increase charges.
- The Board could be more open about finances. The community must ask questions pertaining to blueprints and plans. They need to go to Board meetings and ask questions; get involved.
- Word-of-mouth can do damage when you don't know what you're talking about.
- What about bonus payments and salary? Employees have taken pay cuts in past years. They need to recognize the importance of their employees.
- How do we bring money into the facility?

Cost

- Cost seemed to be reasonable.
- Costs are high everywhere.
- Similar to the rest of the region.
- Compares to other local hospitals.
- I think it is more expensive than other hospitals. It is more expensive than Sidney.
- Costs in the emergency room are high. They count on you to have insurance.
- We live too long.
- They are testing too much.

Office/Clinic Staff

- Not discussed.

Availability

- Bad. There is a shortage of doctors.
 - I've never had a problem getting in for an appointment but providers do have limited schedules and are very busy.
 - We have trouble finding jobs and activities for doctors' wives.
 - I don't know what the answer is. Younger doctors don't stay. Even some who want to stay don't end up staying. They have large debts to payoff.
 - Generally, you cannot see the provider of your choice for a same-day appointment.
 - It seems you can't see anybody except for after-hours or in the emergency room.
 - We have a popular Physician's Assistant (PA); she knows her business but is very hard to get in for an appointment.
 - Hospitalists are a new idea but you don't see primary providers when you're in the hospital. Seems strange. It's modern medicine now, not a General Practitioner (GP).
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- We stay here unless the problem is something they can't handle.
 - We have a strong cancer survivor support group.
 - I stay here except for specialists.

5. What do you think about these local services:

Emergency Room

- Wonderful.
- Good.
- I used the ER three times in the last year. The doctors and PA's are great.
- I would prefer to see a doctor versus a PA.

Ambulance Service

- Fantastic.
- Good.
- Great.

Health Care Services for Senior Citizens

- That depends on which doctor you get.
- Some doctors are not comfortable with older patients.
- So many doctors are new and it changes. I usually get a different doctor every single time. They don't know your history.
 - That makes it hard to build relationships.
- Geriatric doctors are in short supply.
- Lifeline is great; absolutely fantastic.

Public/County Health Department

- Good.
- They offer shots, Meals on Wheels, blood draws, a toenail clinic, etc.
- Should we all have to pay for teenagers and their birth control? We can't pay for everybody's mistakes.

Health Care Services for Low-Income Individuals/Families

- Much needed; and not just for young people.
- The Community Health Center offers sliding fee scale options.
 - That's not right; what about people who have worked hard all their lives?
 - It is a good idea. They alleviate ER crowding and misuse.
 - How would the County Health Department tie in?
- How can we maintain doctors?

Nursing Home/Assisted Living Facility

- Very nice. People are well taken care of.
- Lower-income Assisted Living is needed...like Grandview.
 - I agree.
- The Nursing Home could use more aides.
- The Nursing Home should not have people sharing a bathroom.
- The Nursing Home cost makes it impossible for families.

Pharmacy

- Not discussed.

6. Why might people leave the community for healthcare?

- Doctors aren't very good.
- No specialty care.
- Some people get mad and leave the doctor.
- When people can't make trips routinely. Then they end up having to move out of the local communities.

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

- I would like to see a dermatologist come to town.

Focus Group #6

Wednesday, February 27, 2013 – 6pm-7pm – Wibaux Senior Center – Wibaux, MT
1 person (0 male, 1 female)

1. What would make this community a healthier place to live?
 - Flat level apartments for seniors with fixed incomes.
 - More seniors at the senior center.
2. What do you think are the most important local health care issues?
 - Not discussed.
3. What do you think of the hospital in terms of:
Quality of Care
 - Most seniors won't go to the Glendive Clinic. They have heard stories. If they do go it is for the foot clinic or specialty clinic.
 - In my opinion, I have seen things I don't like. I wonder why all the doctors leave. It makes me wonder if it is not a good place to work.

Number of Services

- I would say there are enough services. If a senior needs physical therapy or a special diet for being diabetic, I would suggest maybe using Glendive.

Hospital Staff

- Penny Denning comes to Wibaux. Some of the seniors want me to go in because they want another set of ears. She's very compassionate. So is Carleen Gaub. I can't say anything bad.

Hospital Board and Leadership

- I've never had to deal with them. But reading the paper and hearing the stories (laughs)... I don't have an honest answer.

Business Office

- I guess I haven't had a bad experience. Years ago they had an Advantage 65. It was a very good program. They could take their paperwork and make a plan. For seniors, if they have a bill, they pay it. Even if it hasn't gone through insurance yet.

Condition of Facility and Equipment

- I think it's very nice after they've redone it. Patients have gone to Physical Therapy and have had excellent care in the past. That is as much as I know.

Financial Health of the Hospital

- I really wouldn't know. I hope it's in good shape. I hear comments like, "They have such a nice hospital, and I wish they had better doctors."

Cost

- Medical care for seniors is frightening for them. An office visit that is \$150 is scary to them when they are on a limited budget. I think healthcare is expensive anywhere. I don't think it makes a difference where you live. It's expensive everywhere. Prescriptions are expensive too.

Office/Clinic Staff

- Not discussed.

Availability

- I could get an appointment with Penny Denning the same day.

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

- No, we don't doctor in Glendive. With the doctor turnover... honestly we just don't doctor in Glendive. We just go to the same place as our daughter.

5. What do you think about these local services:

Emergency Room

- I have taken clients to the ER and the care was good. I've taken my mother-in-law and my father-in-law. I don't have a bad comment. There is a difference in the way things are done between Mayo Clinic and Glendive.

Ambulance Service

- We have an ambulance service [in Wibaux]. For the most part it is timely. We used to have a lot of people on the service but now we don't. Sometimes Beach, North Dakota will help out in a bad tragedy.

Health Care Services for Senior Citizens

- I would say they are appropriate.

Public/County Health Department

- Not discussed.

Health Care Services for Low-Income Individuals/Families

- The seniors who are low-income seem to get good care. If I go in with seniors and I see they are flustered, I jump in and try to help them.
- I don't know of any other services for low income people.
- Dental care is a big thing as well as the eye doctor. They don't accept Medicaid.
- Action for Eastern Montana had some paperwork in the past where you could get money for dental work or new tires for your care if you qualified. I haven't seen anything like that recently.
- We do have a senior food bank on the second Thursday of every month.
- The clinic in Wibaux offers a sliding fee scale.

Nursing Home/Assisted Living Facility

- Not discussed.

Pharmacy

- Not discussed.

6. Why might people leave the community for healthcare?

- To be close to family.
- Specialists.
- Limited number of choices... if you don't like the choices at the Wibaux clinic, you have to go elsewhere.

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

- Dentist and eye doctor.
 - Moneywise, to have people to get those services.
- Wibaux is small and it's a fact of life that people aren't going to get a bunch of services here.

Appendix H – Secondary Data

County Profile

Dawson County
Secondary Data Analysis
July 23, 2012



Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

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

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

²Center for Disease Control and Prevention (CDC) (2012)

³American Diabetes Association (2012)

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

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

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

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

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

²County Health Ranking, Robert Wood Johnson Foundation (2012)

³Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

⁴US Census Bureau (2010)

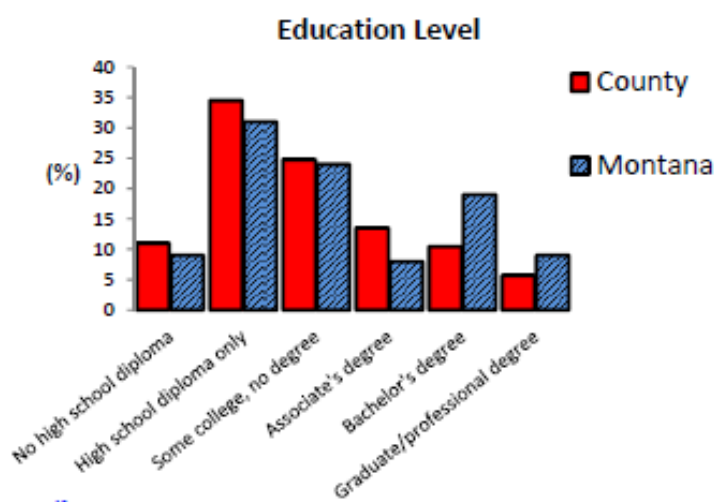
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8}
Median Income ¹	\$43,678	\$43,000	\$51,914
Unemployment Rate ⁷	3.5%	6.3%	7.7%
Persons Below Poverty Level ¹	14.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	17.5%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

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

⁷Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

²Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



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

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

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

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

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

Screening ¹	Region 1	Montana
<i>Cervical Cancer (Pap Test in past 3 yrs)¹</i>	79.5%	83.0%
<i>Breast Cancer (Mammogram in past 2 yrs)¹</i>	69.2%	71.9%
<i>Blood Stool¹</i>	21.8%	25.3%
<i>Sigmoidoscopy or Colonoscopy¹</i>	44.8%	54.3%
<i>Diabetic Screening⁵</i> <i>Percent of Medicare enrollees who received HbA1c screening</i>	83.0% (County)	79.0%

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

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

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
<i>Suicide Rate per 100,000 population¹</i>	18.7	20.3	12.0
<i>Unintentional Injury Death Rate per 100,000 population¹</i>	46.9	58.8	38.4
<i>Percent Motor Vehicle Crashes Involving Alcohol¹</i>	7.4%	10.0%	32.0%
<i>Pneumonia/Influenza Mortality per 100,000 population¹</i>	25.8	19.0	17.5
<i>Diabetes Mellitus²</i>	53.9	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
<i>Infant Mortality (death within 1st year) Rate per 1,000 live births¹</i>	6.9 (Region 1)	6.1	6.7
<i>Entrance into Prenatal care in 1st Trimester Percent of Live Births¹</i>	84.2%	83.9%	69.0%
<i>Birth Rate⁹ Babies born per 1,000 people</i>	11.9	12.8	13.5
<i>Low Birth Weight (<2500 grams) Percent of live births¹</i>	6.5%	7.3%	8.3%
<i>Neonatal Mortality (under 28 days of age) Rate per 1,000 live births¹</i>	4.1 (Region 1)	3.3	4.5
<i>Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births¹</i>	2.8 (Region 1)	2.7	2.2
<i>Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births¹</i>	9.0%	10.1%	12.5%

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

⁹Montana KIDS COUNT (2009)

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

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

Economic Impact Assessment

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

William Connell
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Montana Department of Labor and Industry

Introduction

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

Section I Location Quotients

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

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

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

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

Hospitals Location Quotient (compared to State of MT) = 1.65

Hospitals Location Quotient (compared to U.S.) = 2.53

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Dawson County, both the state and national location quotients are above one, indicating that hospital employment is about 65% larger than expected given the overall size of Dawson County when compared to the state and more than twice the employment concentration when compared to national employment patterns. In 2010, Glendive Medical Center accounted for 12.8% of county nonfarm employment and 16.8% of the county's total wages.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Dawson County’s employment patterns mirrored the state or the nation. Glendive Medical Center averaged 441 employees in 2010. This is 180 more than expected given the state’s employment pattern and 267 more than expected given the national employment pattern.

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

Section II Age Demographics

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

Figure 1: Age Distribution of Dawson County Residents

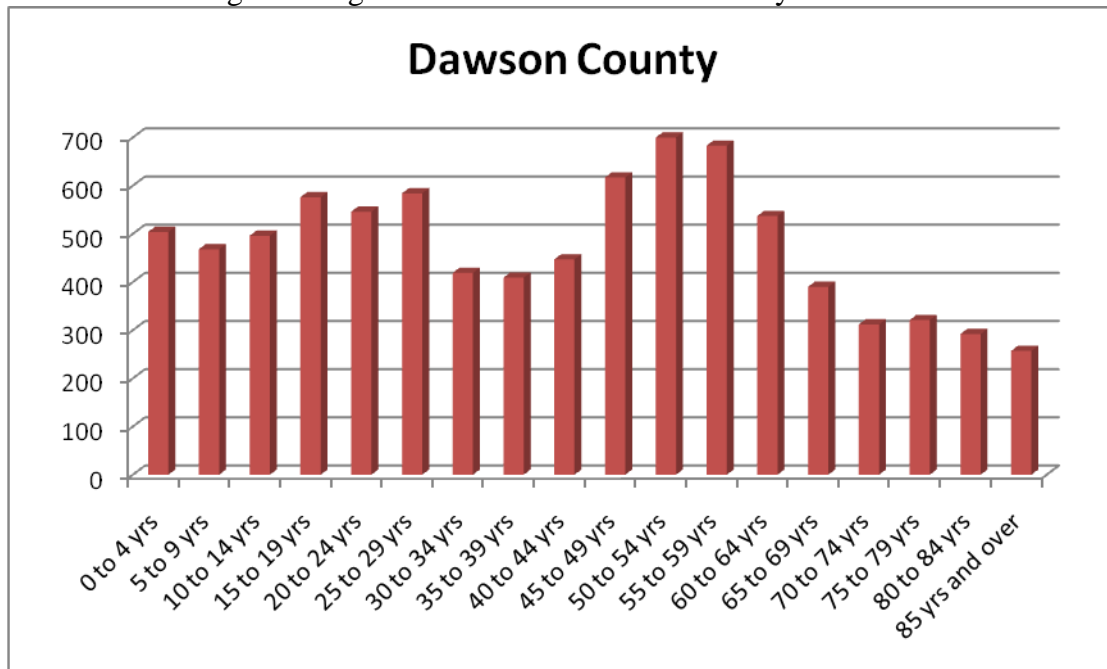


Figure 2: Percent of the population by age groups, Dawson County vs. Montana

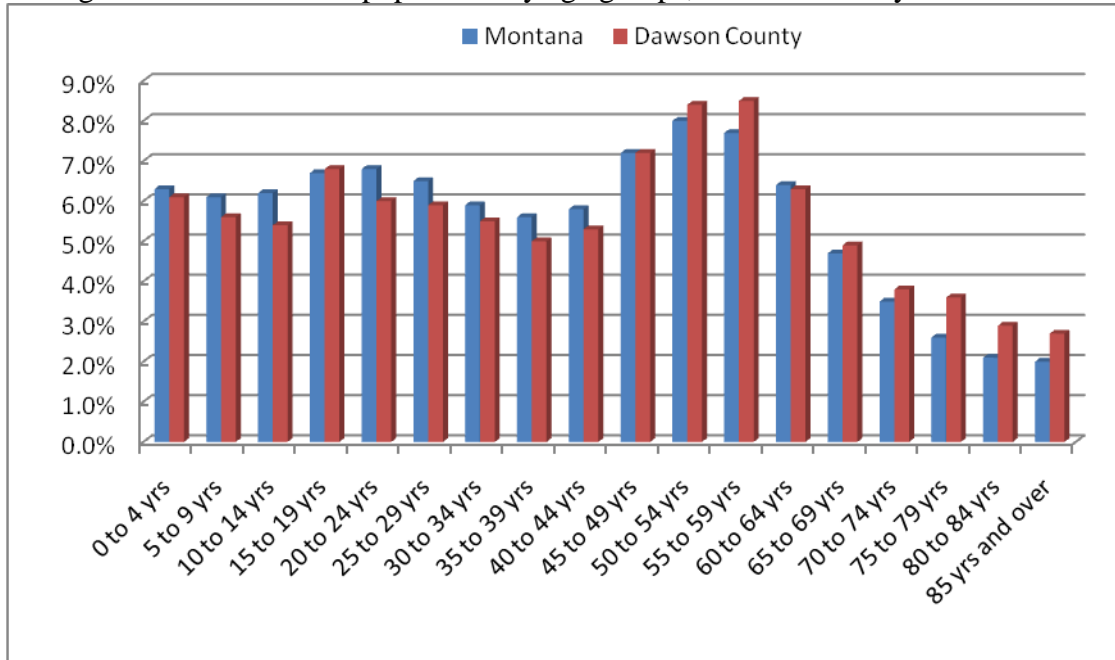


Figure 2 shows how Dawson’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Dawson County has a lower proportion of people 20 to 44 years old (27.7 percent vs. 30.6 percent) and a higher percentage of 65 and older (17.9 percent vs. 14.9 percent). According to the 2010 Census, Dawson County had a median age of 43.5 compared with 39.8 for Montana as a whole. As the baby boomers reach senior citizen status, it is likely that healthcare utilization per capita will increase. These demographic statistics are important when planning for healthcare provisions, both now and in the future.

Section III Economic Impacts

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

The amount of jobs and income in a local community attributable to a particular industry sector can be determined by calculating its employment and income multipliers. Industries with the highest multipliers generally are those who buy supplies, services, and labor from the local community, sell products and services outside the local community, and pay a high income to their employees. Although hospitals in rural areas do not usually sell their services to non-residents, they can still generate significant multiplier effects for their communities given that much of their funding comes from outside the region in the form of public and private insurance reimbursements. The relatively high wages earned by hospital employees also tend to boost hospitals’ multipliers.

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

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

Hospital Employment Multiplier = 1.41

Hospital Employee Compensation Multiplier = 1.26

Hospital Output Multiplier = 1.43

What do these numbers mean? The employment multiplier of 1.41 can be interpreted to mean that for every job at Glendive Medical Center, another .41 jobs are supported in Dawson County. Another way to look at this is that if Glendive Medical Center suddenly went away, about 181 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 441). The employee compensation multiplier of 1.26 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 26 cents of wages and benefits are created in other local jobs in Dawson County. Put another way, if Glendive Medical Center suddenly went away, about \$4,703,696 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by Glendive Medical Center, output in the county increases by another 43 cents.

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

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

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