Roosevelt County, Montana

Community Health Services Development
Community Health Needs Assessment Report

Survey conducted by
Roosevelt Medical Center
Culbertson, Montana

In cooperation with
The Montana Office of Rural Health

March 2018

MONTANA STATE UNIVERSITY | Office of Rural Health
Area Health Education Center

Roosevelt Medical Center
Community Health Needs Assessment

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January 2017

I. Introduction

Roosevelt Medical Center (RMC) is a non-profit 33-bed Critical Access Hospital (CAH) located in Culbertson, Montana. RMC has a primary service area of approximately 1,800 square miles and provides medical services to a base population of approximately 1,500 residents from Culbertson, Froid, Bainville, Brockton, northern Richland County and southern Sheridan County. In addition, in recent years, there has been an expanding, fluctuating population of transient oilfield-related workers in the area. These workers are employed in jobs that are a high risk for injury. More recently, many of the man-camps have closed and there is no longer an extreme shortage of permanent housing. The cost of housing has also gone down, but not completely gone back to what it was before the oil boom. RMC participated in the Community Health Services Develop (CHSD) project, a Community Health Needs Assessment (CHNA), conducted by the Montana Office of Rural Health. Community involvement in steering committee meetings and focus groups enhanced the community's engagement in the assessment process.

In the fall of 2017, Roosevelt Medical Center's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2017 survey data with data from previous surveys conducted in 2014 and 2012. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

A Steering Committee was convened to assist Roosevelt Medical Center in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in March 2017. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument

In October 2017, surveys were mailed out to the residents in Roosevelt 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 healthcare provider usage
- Services preferred locally
- Perception and satisfaction of local healthcare

Sampling

Roosevelt Medical Center provided the National Rural Health Resource Center with a list of outpatient and inpatient encounters. Those zip codes with the greatest number of encounters 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 encounters. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

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

Information Gaps

Data

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

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

The low population density of rural and frontier communities require regional reporting of many major health indices including chronic disease burden and behavior health indices. The Montana BRFSS [Behavioral Risk Factor Surveillance System], through a cooperative agreement with the

Center for Disease Control (CDC), is used to identify regional trends in health-related behaviors. The fact that many health indices for rural and frontier counties are reported regionally makes it impossible to set the target population aside from the five more-developed Montana counties.

Limitations in Survey Methodology

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

Survey Implementation

In October 2017, the community health services development survey, a cover letter from with Roosevelt Medical Center's Chief Executive Officer's signature on Roosevelt Medical Center letterhead, and a postage paid reply envelopes were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Roosevelt Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred sixty-one surveys were returned out of 800. Of those 800 surveys, 14 surveys were returned undeliverable for a 20.5% response rate. From this point on, the total number of surveys will be out of 786. 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 6.89%.

IV. Survey Respondent Demographics

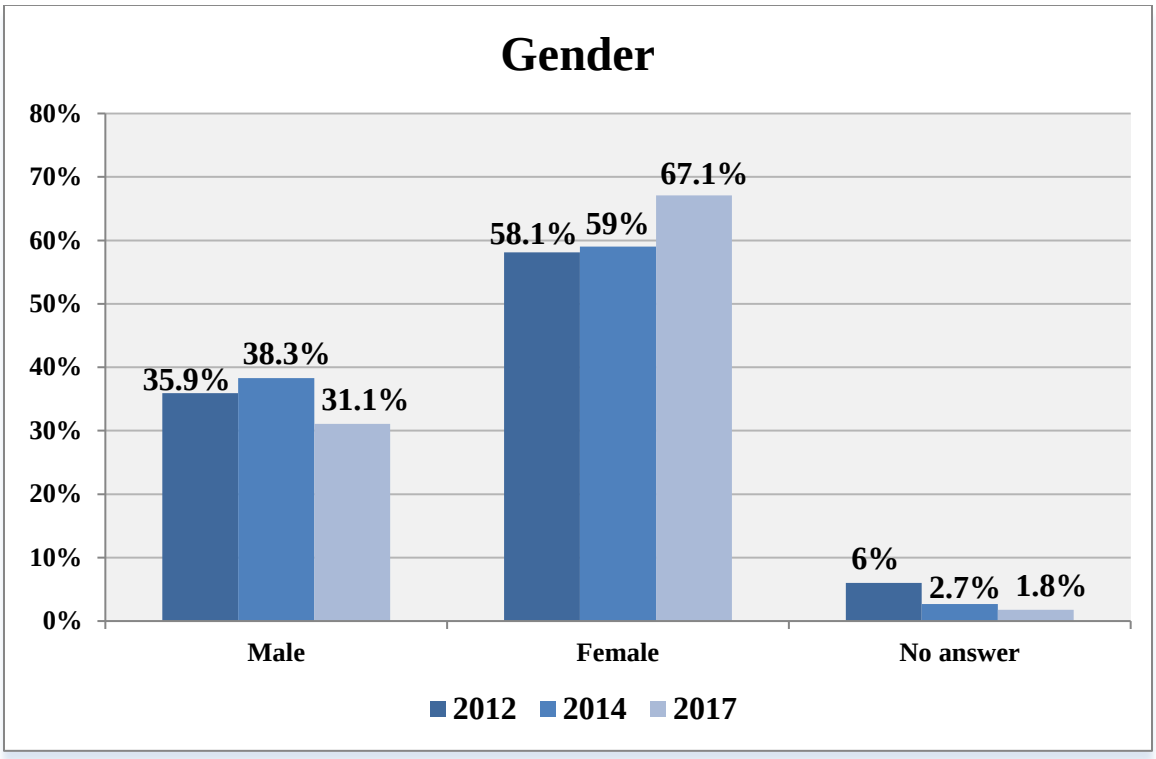
A total of 786 surveys were distributed amongst Roosevelt Medical Center's service area. One hundred and sixty-one surveys were completed for a 20.5% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 32)
The returned surveys are skewed toward the Culbertson population which is reasonable given that this is where most of the services are located.

		2012		2014		2017	
Area	**Zip code**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Culbertson	**59218**	**104**	**57.1%**	**105**	**58.0%**	**68**	**43.3%**
Froid	**59226**	**29**	**15.9%**	**37**	**20.4%**	**39**	**24.8%**
Bainville	**59212**	**20**	**11.0%**	**16**	**8.9%**	**17**	**10.8%**
Brockton	59213	11	6.0%	8	4.4%	15	9.6%
Poplar	59255	3	1.6%	3	1.7%	6	3.8%
Homestead	59242	7	3.8%	7	4.0%	5	3.2%
Medicine Lake	59247	8	4.4%	2	1.1%	3	2.0%
Plentywood	59254	Not asked-2012		3	1.7%	2	1.3%
Sidney	59270	Not asked-2012		0	0.0%	1	0.6%
Other		0	0.0%	0	0.0%	1	0.6%
TOTAL		**182**	**100%**	**181**	**100%**	**157**	**100%**

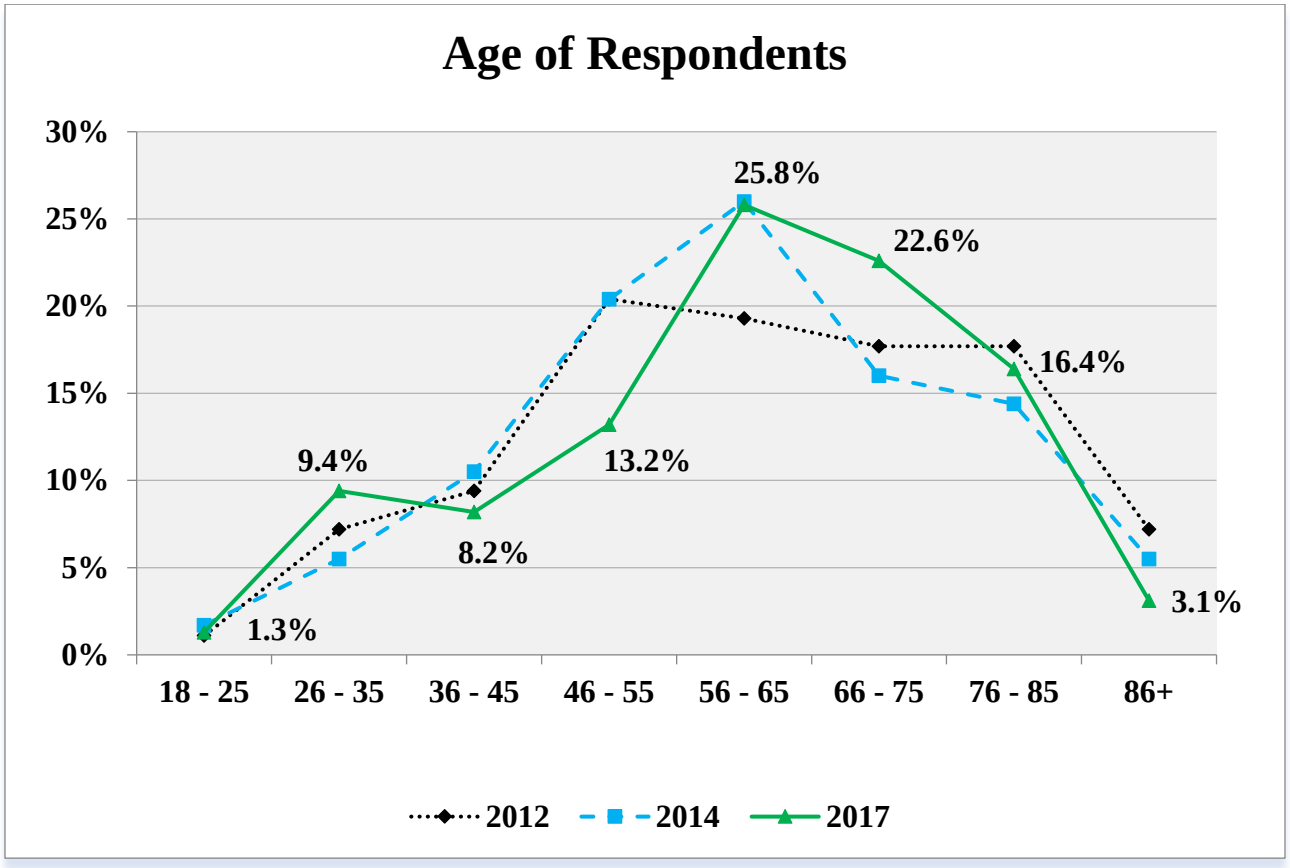
Gender (Question 33)
2017 N = 161
2014 N = 183
2012 N = 184

Of the 161 surveys returned, 67.1% (n=108) of survey respondents were female, 31.1% (n=50) were male, and 1.8% (n=3) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



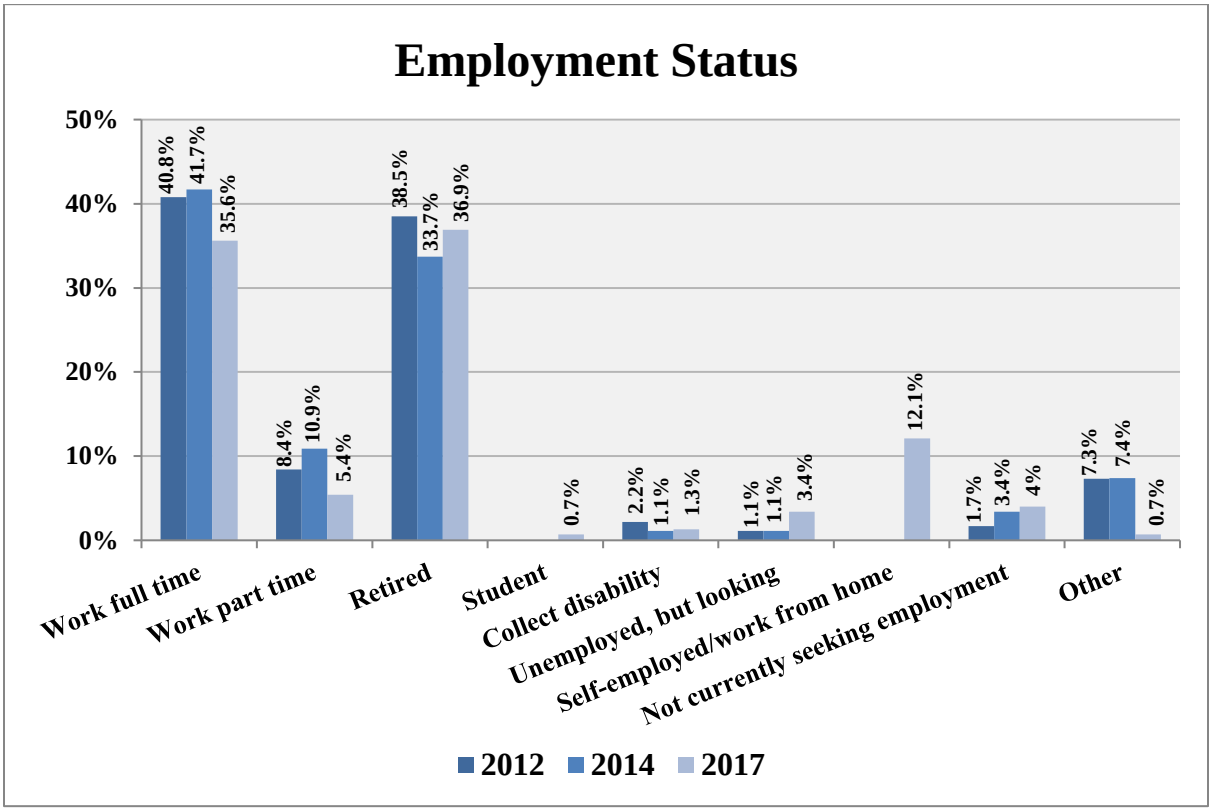
Age of Respondents (Question 34)
2017 N = 159
2014 N = 181
2012 N = 181

Twenty-six percent of respondents (n=41) were between the ages of 56-65. Twenty-three percent of respondents (n=36) were between the ages of 66-75 and 16.4% of respondents (n=26) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and, therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.



Employment Status (Question 35)
2017 N = 149
2014 N = 175
2012 N = 175

Thirty-seven percent (n=55) of respondents reported they are retired while 35.6% (n=53) work full time. Twelve percent of respondents (n=18) indicated they are self-employed or work from home. Respondents could check all that apply so the percentages do not equal 100%.

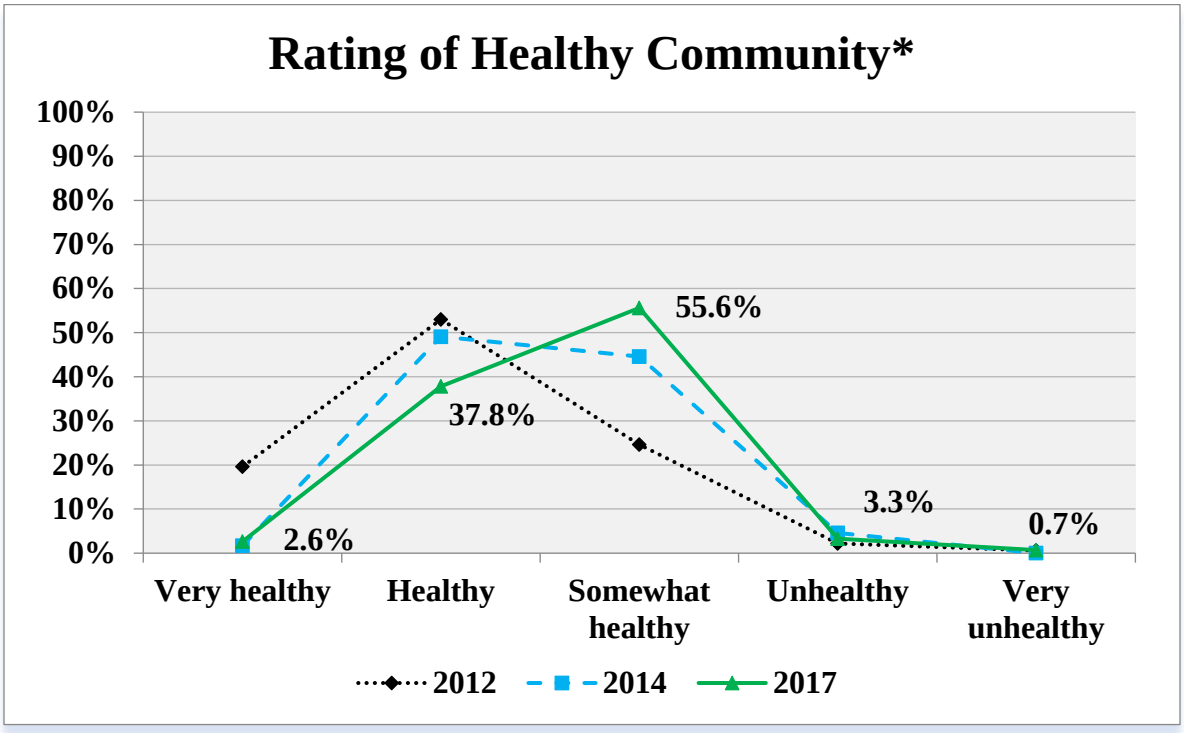


"Other" comments:
- Retired
- Too sick to work
- Unable to work

V. Survey Findings – Community Health

Impression of Community (Question 1)
2017 N = 153
2014 N = 175
2012 N = 179

Respondents were asked to indicate how they would rate the general health of their community. Fifty-six percent of respondents (n=85) rated their community as "Somewhat healthy." Thirty-eight percent of respondents (n=58) felt their community was "Healthy" and 3.3% (n=5) felt their community was "Unhealthy."



* In 2017, significantly more respondents rated their community as somewhat healthy.

Health Concerns for Community (Question 2)
2017 N = 161
2014 N = 183
2012 N = 184

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was "Alcohol/substance abuse" with 66.5% (n=107). "Cancer" was also a high priority at 44.1% (n=71) followed by "Diabetes" at 34.8% (n=56). Respondents were asked to pick their top three serious health concerns; thus percentages do not equal 100%.

	2012		2014		2017	
Health Concern	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Alcohol/substance abuse[1]	**104**	**56.5%**	**90**	**49.2%**	**107**	**66.5%**
Cancer	**76**	**41.3%**	**88**	**48.1%**	**71**	**44.1%**
Diabetes	**66**	**35.9%**	62	33.9%	**56**	**34.8%**
Overweight/obesity[2]	42	22.8%	**63**	**34.4%**	46	28.6%
Lack of exercise	35	19.0%	32	17.5%	35	21.7%
Heart disease[3]	38	20.7%	54	29.5%	30	18.6%
Depression/anxiety	Not asked - 2012		23	12.6%	26	16.1%
Tobacco use	15	8.2%	18	9.8%	20	12.4%
Mental health issues[4]	6	3.3%	12	6.6%	17	10.6%
Lack of healthy recreational activities	Not asked - 2012		Not asked - 2014		16	9.9%
Lack of access to healthcare	10	5.4%	18	9.8%	14	8.7%
Lack of dental care	14	7.6%	20	10.9%	13	8.1%
Child abuse/neglect[5]	11	6.0%	2	1.1%	6	3.7%
Motor vehicle accidents[6]	40	21.7%	16	8.7%	5	3.1%
Stroke	6	3.3%	7	3.8%	5	3.1%
Domestic violence	6	3.3%	5	2.7%	3	1.9%
Recreation related accidents/injuries	3	1.6%	3	1.6%	2	1.2%
Work related accidents/injuries[7]	28	15.2%	11	6.0%	2	1.2%
Other	2	1.1%	3	1.6%	2	1.2%

[1,4]Significantly more 2017 respondents selected alcohol/substance abuse and mental health issue as top community health concerns.
[2,3]Overweight/obesity and heart disease were selected significantly less often in 2017 when compared to 2014.
[5] Significantly fewer 2014 and 2017 respondents selected 'child abuse/neglect' as a top health concern.
[6,7] Selection of, 'motor vehicle accidents', and 'work related accidents/injuries' has been declining significantly since 2012.

"Other" comments:

- Lack of indoor healthy recreational activities
- No eye doctor

Components of a Healthy Community (Question 3)
2017 N = 161
2014 N = 183
2012 N = 184

Respondents were asked to identify the three most important things for a healthy community. Seventy percent of respondents (n=113) indicated that "Access to healthcare and other services" is important for a healthy community. "Strong family life" was the second most indicated component at 38.5% (n=62) followed by "Healthy behaviors and lifestyles" at 36.6% (n=59). Respondents were asked to identify their top three choices; thus, percentages do not add up to 100%.

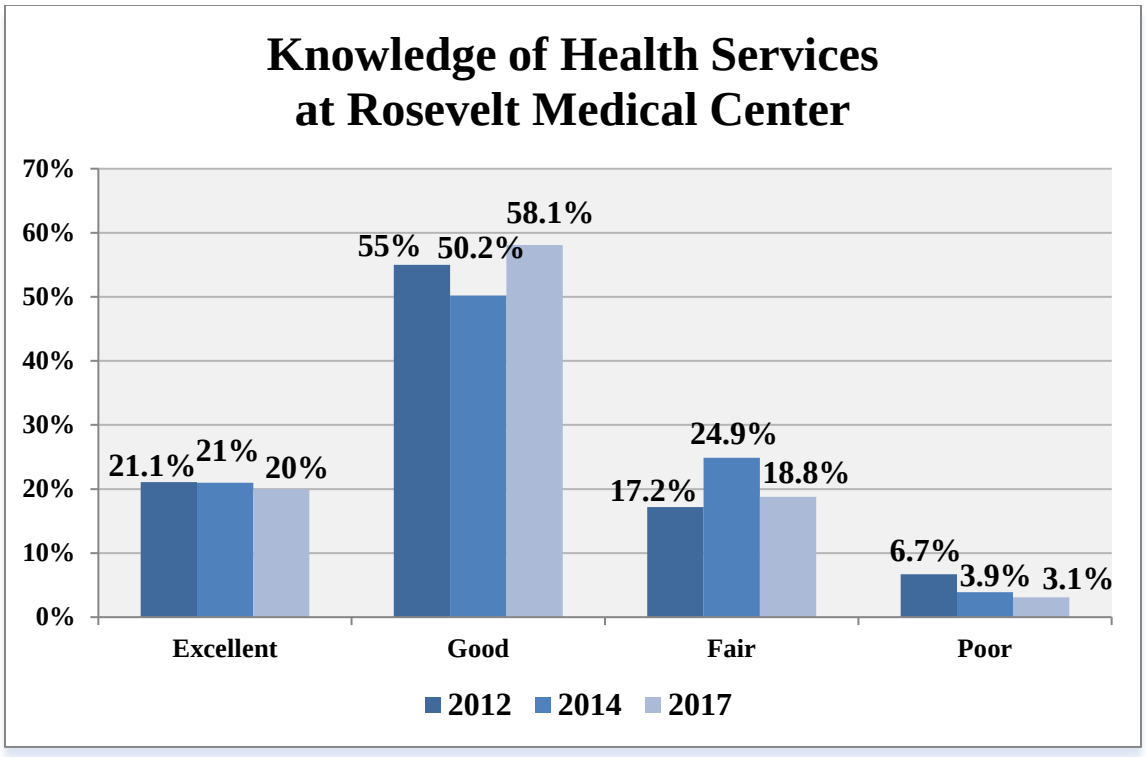
	2012		2014		2017	
Important Component	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Access to healthcare and other services[1]	**104**	**56.5%**	**120**	**65.6%**	**113**	**70.2%**
Strong family life	**58**	**31.5%**	**54**	**29.5%**	**62**	**38.5%**
Healthy behaviors and lifestyles	48	26.1%	**54**	**29.5%**	**59**	**36.6%**
Good jobs and a healthy economy	46	25.0%	46	25.1%	52	32.3%
Low crime/safe neighborhoods	**55**	**29.9%**	48	26.2%	42	26.1%
Religious or spiritual values	51	27.7%	40	21.9%	33	20.5%
Good schools[2]	59	32.1%	42	23.0%	32	19.9%
Affordable housing[3]	49	26.6%	**60**	**32.8%**	23	14.3%
Community involvement	18	9.8%	20	10.9%	21	13.0%
Clean environment[4]	30	16.3%	15	8.2%	12	7.5%
Availability of childcare services	Not asked - 2012		17	9.3%	9	5.6%
Tolerance for diversity	5	2.7%	5	2.7%	6	3.7%
Low death and disease rates	5	2.7%	11	6.0%	5	3.1%
Parks and recreation	2	1.1%	6	3.3%	5	3.1%
Arts and cultural events	5	2.7%	1	0.5%	1	0.6%
Low level of domestic violence	6	3.3%	3	1.6%	0	0.0%
Other	2	1.1%	1	0.5%	0	0.0%

[1] Selection of 'Access to healthcare and other services' has been significantly increasing since 2012.
[2, 4] Selection of 'Good schools' and 'Clean environment' has been significantly decreasing since 2012.
[3] Significantly fewer 2017 respondents selected 'Affordable housing' as a component for a healthy community.

"Other" comments:
- All of the above

Overall Awareness of Health Services (Question 4)
2017 N = 160
2014 N = 181
2012 N = 180

Respondents were asked to rate their knowledge of the health services available at Roosevelt Medical Center. Fifty-eight percent (n=93) of respondents rated their knowledge of health services as "Good." "Excellent" was selected by 20% percent (n=32), and 18.8% reported their knowledge as "Fair" (n=30).



How Respondents Learn of Healthcare Services (Question 5)
2017 N = 161
2014 N = 183
2012 N = 184

The most frequently indicated method of learning about available services was "Friends and family" at 70.8% (n=114). "Word of mouth/reputation" was the second most frequent response at 63.4% (n=102), and "Healthcare provider" was reported at 37.9% (n=61). Respondents could select more than one method, so percentages do not equal 100%.

	2012		2014		2017	
Method	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Friends/family	Not asked - 2012		**125**	**68.3%**	**114**	**70.8%**
Word of mouth/reputation	**127**	**69.0%**	**130**	**71.0%**	**102**	**63.4%**
Healthcare provider	**83**	**45.1%**	60	32.8%	**61**	**37.9%**
Mailings/newsletter[1]	**83**	**45.1%**	45	24.6%	57	35.4%
Newspaper	75	40.8%	**71**	**38.8%**	55	34.2%
Social media/Facebook[2]	Not asked - 2012		25	13.7%	36	22.4%
Website/internet[3]	4	2.2%	11	6.0%	16	9.9%
Senior center	15	8.2%	13	7.1%	15	9.3%
Radio	19	10.3%	19	10.4%	11	6.8%
Public health	Not asked - 2012		10	5.5%	10	6.2%
Presentations	8	4.3%	3	1.6%	7	4.3%
Other	5	2.7%	8	4.4%	7	4.3%

[1] Significantly more 2017 respondents indicated that they learned about healthcare services from 'Mailings/newsletter', when compared to 2014 respondents.
[2] Significantly more 2017 respondents learn about health care services through social media/Facebook.
[3] Selection of 'Website/internet' has been significantly increasing since 2012.

"Other" comments:

- Post office bulletins (3)
- Personal experience
- Worked there 21 years
- Town flyer
- Born and raised here. It has always been here
- Live 7 miles from the town

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess respondents' knowledge of services available at Roosevelt 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 healthcare services was a multiple response item, thus totals do not add up to 100%.

KNOWLEDGE RATING OF ROOSEVELT MEDICAL CENTER SERVICES
BY
HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Friends/family	24 (21.2%)	69 (61.1%)	16 (14.2%)	4 (3.5%)	**113**
Word of mouth/reputation	24 (23.5%)	59 (57.9%)	15 (14.7%)	4 (3.9%)	**102**
Healthcare provider	12 (19.7%)	42 (68.9%)	6 (9.8%)	1 (1.6%)	**61**
Mailings/newsletter	12 (21%)	35 (61.4%)	9 (15.8%)	1 (1.8%)	**57**
Newspaper	11 (20.3%)	33 (61.1%)	7 (13%)	3 (5.6%)	**54**
Social media/ Facebook	10 (28.6%)	21 (60%)	3 (8.6%)	1 (2.8%)	**35**
Website/internet	2 (12.5%)	10 (62.5%)	3 (18.8%)	1 (6.2%)	**19**
Senior Center	5 (33.3%)	10 (66.7%)			**15**
Public health	1 (10%)	7 (70%)	2 (20%)		**13**
Radio	2 (18.2%)	7 (63.6%)	1 (9.1%)	1 (9.1%)	**11**
Presentations	2 (28.6%)	5 (71.4%)			**7**
Other	1 (14.3%)	5 (71.4%)	1 (14.3%)		**7**

Other Community Health Resources Utilized (Question 6)
2017 N = 161
2014 N = 183
2012 N = 184

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. "Pharmacy" was the most frequently utilized community health resource cited by respondents at 77.6% (n=125). "Dentist" was also a highly utilized resource at 69.6% (n=112) followed by the "Optometrist" at 54.7% (n=88). Respondents could select more than one resource, so percentages do not equal 100%.

	2012		2014		2017	
Resource	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Pharmacy	**151**	**82.1%**	**150**	**82.0%**	**125**	**77.6%**
Dentist[1]	**49**	**26.2%**	**75**	**41.0%**	**112**	**69.6%**
Optometrist	Not asked – 2012		Not asked – 2014		**88**	**54.7%**
Chiropractor	Not asked – 2012		Not asked – 2014		61	37.9%
Senior center	**31**	**16.8%**	**28**	**15.3%**	30	18.6%
Audiology	Not asked – 2012		17	9.3%	22	13.7%
County extension services	Not asked – 2012		**28**	**15.3%**	22	13.7%
Public health[2]	4	2.2%	23	12.6%	12	7.5%
Meals-on-Wheels	6	3.3%	9	4.9%	8	5.0%
Mental Health	3	1.6%	5	2.7%	6	3.7%
Homemaker/CNA	Not asked – 2012		3	1.6%	3	1.9%
Alcohol dependency support services	Not asked – 2012		0	0.0%	2	1.2%
Adult day care	0	0.0%	2	1.1%	1	0.6%
Chemical dependency services	0	0.0%	0	0.0%	0	0.0%
Other	4	2.2%	9	4.9%	7	4.3%

[1] Selection of a 'Dentist' as a community health service utilized in the past year has been significantly increased since 2012.
[2] Significantly fewer 2017 respondents selected 'Public health' as a community health service utilized in the past three years.

"Other" comments:
- None (6)
- Physical therapy
- Mammography truck
- VA Williston, Minot
- IHS
- Fitness center
- Flu vaccine- county health
- Neurologist

Improvement for Community's Access to Healthcare (Question 7)
2017 N = 161
2014 N = 183
2012 N = 184

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Forty-five percent of respondents (n=73) reported that "More primary care providers" would make the greatest improvement. Forty-two percent of respondents (n=67) indicated that "More specialists" would improve access and 29.8% (n=48) selected "Additional outpatient services". Respondents could select more than one method, so percentages do not equal 100%.

	2012		2014		2017	
Improvement	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
More primary care providers[1]	**59**	**32.1%**	**69**	**37.7%**	**73**	**45.3%**
More specialists[2]	**44**	**23.9%**	**70**	**38.3%**	**67**	**41.6%**
Additional outpatient services	Not asked – 2012		**55**	**30.1%**	**48**	**29.8%**
Improved quality of care	**32**	**17.4%**	46	25.1%	42	26.1%
Transportation assistance[3]	15	8.2%	31	16.9%	28	17.4%
Telemedicine[4]	0	0.0%	23	12.6%	24	14.9%
Greater health education services	16	8.7%	19	10.4%	22	13.7%
Outpatient services expanded hours	31	16.8%	31	16.9%	22	13.7%
Cultural sensitivity	1	0.5%	5	2.7%	6	3.7%
Interpreter services	1	0.5%	3	1.6%	1	0.6%
Other	14	7.4%	6	3.3%	11	6.8%

[1-4] Selection of 'more primary care providers', 'more specialist', 'transportation assistance' and 'telemedicine' as ways to improve the community's access to healthcare, has been significantly increasing since 2012.

"Other" comments:
- AA and Al-anon
- Doctors who stay longer and get to know patients and their needs
- CT scan at RMC
- Dentist, audiology
- Meals on wheels
- More specialists- mental health, drug dependency
- 24-hour clinic
- Accept the VA
- None, I think access is excellent for the size of the community

Interest in Educational Classes/Programs (Question 8)
2017 N = 161
2014 N = 183

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program was "Weight loss" at 37.3% (n=60) of respondents. "Health and wellness" was selected by 34.8% (n=56) followed by "Fitness" with 31.7% of respondents (n=51). Respondents could select more than one method, so percentages do not equal 100%.

	2014		2017	
Educational Class/Program	**Count**	**Percent**	**Count**	**Percent**
Weight loss	**64**	**35.0%**	**60**	**37.3%**
Health and wellness[1]	43	23.5%	**56**	**34.8%**
Fitness	**51**	**27.9%**	**51**	**31.7%**
Women's health	**57**	**31.1%**	45	28.0%
Living will	32	17.5%	39	24.2%
Diabetes	34	18.6%	38	23.6%
Health insurance	33	18.0%	38	23.6%
Nutrition	28	15.3%	35	21.7%
Cancer	21	11.5%	29	18.0%
First aid/CPR	30	16.4%	28	17.4%
Alzheimer's	24	13.1%	27	16.8%
Men's health	24	13.1%	25	15.5%
Heart disease	21	11.5%	15	9.3%
Mental health	17	9.3%	14	8.7%
Grief counseling	10	5.5%	12	7.5%
Parenting[2]	5	2.7%	12	7.5%
Safety/injury prevention	10	5.5%	8	5.0%
Alcohol/substance abuse	3	1.6%	7	4.3%
Smoking cessation	11	6.0%	7	4.3%
Prenatal	3	1.6%	2	1.2%
Other	4	2.2%	3	1.9%

[1-2] Significantly more 2017 respondents indicated they were interested in 'health and wellness' and 'parenting' classes or programs.

"Other" comments:

- None
- A recreational place for teens and adults to hang out
- Parkinson's

Utilization of Preventative Services (Question 9)
2017 N = 161
2014 N = 183

Respondents were asked if they had utilized any of the preventative services listed in the past year. "Flu shot" was selected by 62.1% of respondents (n=100). Fifty-seven percent of respondents (n=92) indicated they had an "Routine blood pressure check" and 55.3% of respondents (n=89) had a "Routine health checkup." Respondents could check all that apply, thus the percentages do not equal 100%.

	2014		2017	
Service	**Count**	**Percent**	**Count**	**Percent**
Flu shot	**115**	**62.8%**	**100**	**62.1%**
Routine blood pressure check	99	54.1%	**92**	**57.1%**
Routine health checkup	**104**	**56.8%**	**89**	**55.3%**
Cholesterol check	**101**	**55.2%**	79	49.1%
Blood sugar check	74	40.4%	66	41.0%
Mammography	50	27.3%	40	24.8%
EKG (50+ years old)	36	19.7%	33	20.5%
Pap smear	28	15.3%	28	17.4%
Colonoscopy	22	12.0%	26	16.1%
Immunization	22	12.0%	25	15.5%
Prostate (PSA)	24	13.1%	24	14.9%
Children's checkup/Well Baby	9	4.9%	13	8.1%
None	14	7.7%	13	8.1%
Other	8	4.4%	2	1.2%

"Other" comments:
- All at Billings Clinic

Desired Local Healthcare Services (Question 10)
2017 N = 161
2014 N = 183
2012 N = 184

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having a "Dental clinic" available with 42.9% of respondents (n=69) followed by "Fitness center" at 34.8% (n=56), and "Message therapy" at 29.8% (n=48). Respondents were asked to select all that apply so percentages do not equal 100%.

	2012		2014		2017	
Service	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Dental clinic	**72**	**39.1%**	**84**	**45.9%**	**69**	**42.9%**
Fitness center[1]	**40**	**21.7%**	**77**	**42.1%**	**56**	**34.8%**
Message therapy[2]	35	19.0%	**69**	**37.7%**	**48**	**29.8%**
Dermatology	38	20.7%	33	18.0%	45	28.0%
Optometrist	**54**	**29.3%**	67	36.6%	45	28.0%
Foot care clinic[3]	24	13.0%	47	25.7%	33	20.5%
Acupuncture[4]	7	3.8%	21	11.5%	30	18.6%
Assisted living	30	16.3%	24	13.1%	29	18.0%
Diabetes education	Not asked – 2012		Not asked – 2014		21	13.0%
Home health	30	16.3%	21	11.5%	15	9.3%
Botox/microdermabrasion	5	2.7%	10	5.5%	14	8.7%
Cancer care	16	8.7%	11	6.0%	12	7.5%
Psychiatric services[5]	3	1.6%	11	6.0%	11	6.8%
OB/GYN	15	8.2%	20	10.9%	10	6.2%
Hospice	11	6.0%	8	4.4%	5	3.1%
Alcohol/substance abuse treatment	Not asked – 2012		2	1.1%	5	3.1%
Other	5	2.7%	2	1.1%	4	2.5%

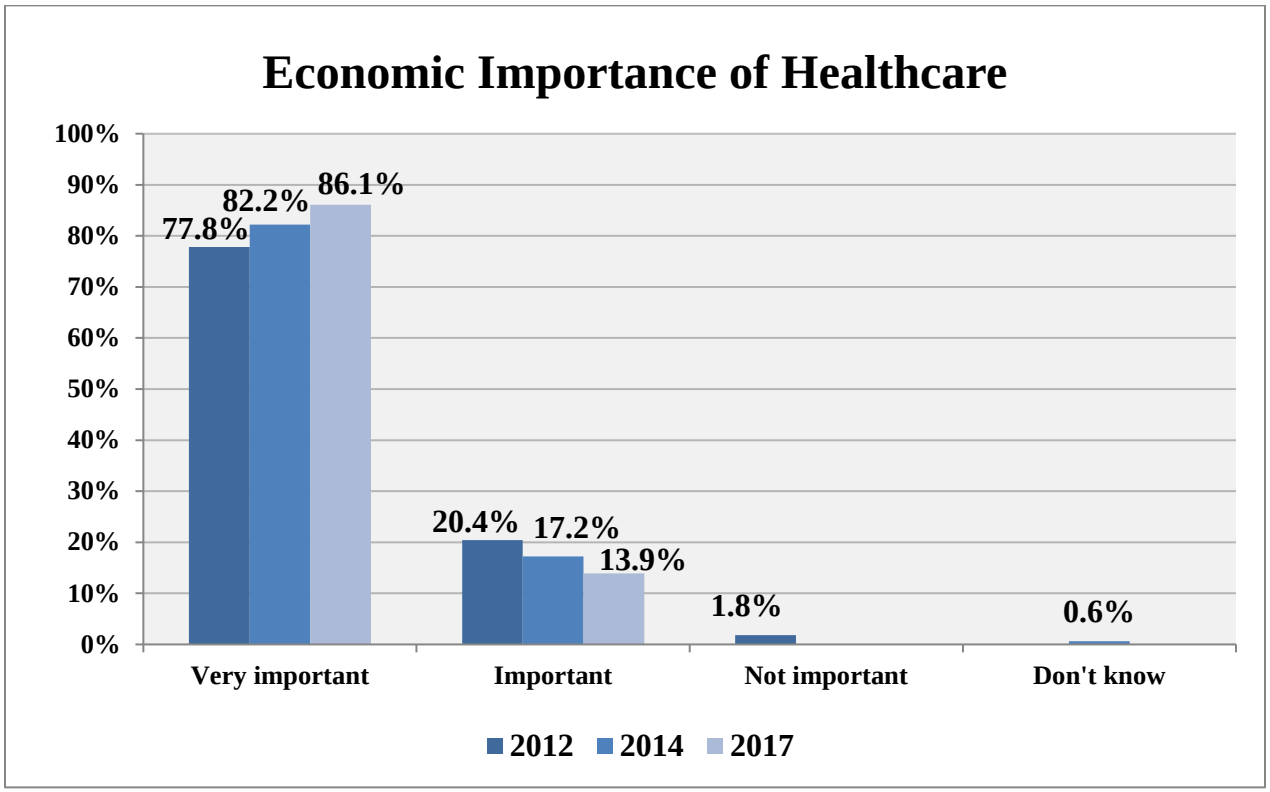
[1-3] Significantly fewer 2017 respondents indicated they would utilize a fitness center, message therapy or a foot care clinic if available locally, when compared to 2014.
[4] Selection of 'Acupuncture' has been increasing significantly since 2012.
[5] Significantly more 2014 and 2017 respondents selected 'Psychiatric services'.

"Other" comments:

- VA
- Chiropractor
- 24-hour health care service
- Dental clinic: Plentywood; Optometrist: Wolf point

Economic Importance of Local Healthcare Providers and Services (Question 11)
2017 N = 158
2014 N = 180
2012 N = 167

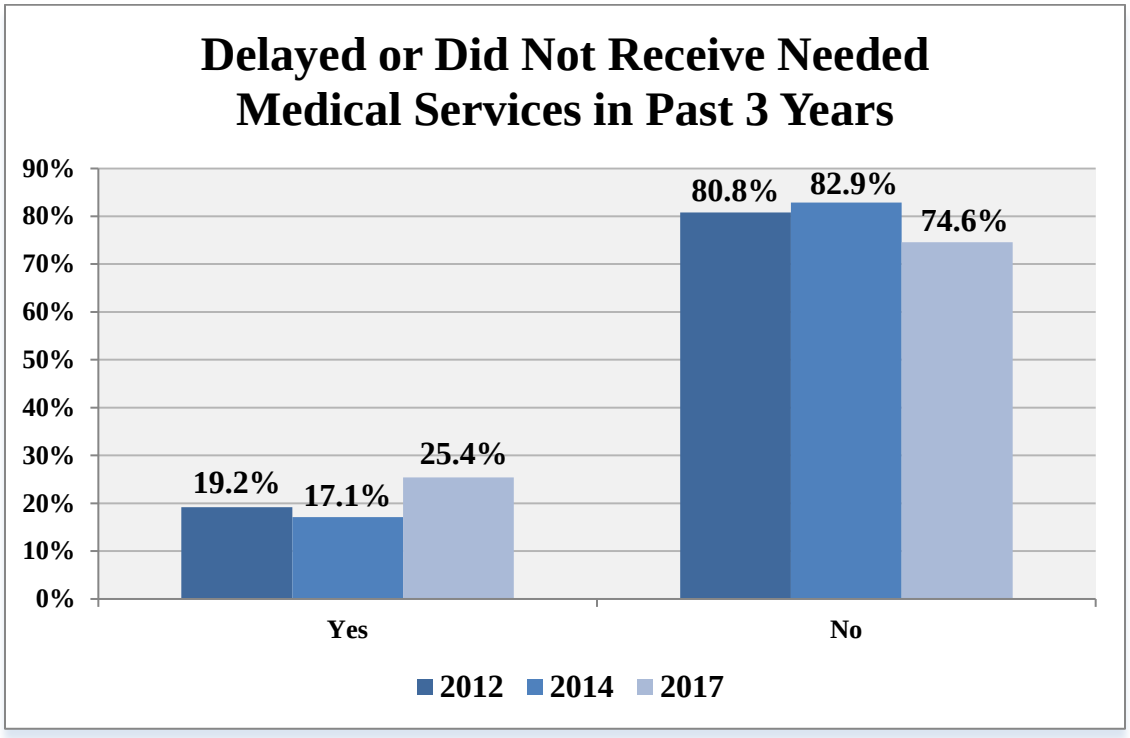
The majority of respondents (86.1%, n=136) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area, and 13.9% of respondents (n=22) indicated they are “Important”.



Survey Findings – Use of Healthcare Services

Needed/Delayed Hospital Care During the Past Three Years (Question 12)
2017 N = 142
2014 N = 164
2012 N = 177

Twenty-five percent of respondents (n=36) reported that they or a member of their household thought they needed healthcare services, but did not get it or had to delay getting it. Seventy-five percent of respondents (n=106) felt they were able to get the healthcare services they needed without delay.



Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 13)
2017 N = 36
2014 N = 28
2012 N = 34

For those who indicated they were unable to receive or had to delay services (n=36), the reasons most cited were: "It costs too much" (30.6%, n=11), "Don't like doctors" (27.8%, n=10) and "Too long to wait for an appointment" (27.8%, n=10). Respondents were asked to indicate their top three choices; therefore, percentages do not total 100%.

	2012		2014		2017	
Reason	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
It costs too much	**9**	**26.5%**	**7**	**25.0%**	**11**	**30.6%**
Don't like doctors[1]	3	8.8%	2	7.1%	**10**	**27.8%**
Too long to wait for an appointment	6	17.6%	4	14.3%	**10**	**27.8%**
Could not get an appointment	**8**	**23.5%**	**7**	**25.0%**	9	25.0%
Office wasn't open when I could go	**7**	**20.6%**	5	17.9%	9	25.0%
No insurance	6	17.6%	**7**	**25.0%**	9	25.0%
Unsure if it was covered by health insurance	Not asked – 2012		2	7.1%	8	22.2%
My insurance didn't cover it	4	11.8%	5	17.9%	7	19.4%
It was too far to go[2]	0	0.0%	1	3.6%	6	16.7%
Could not get off work	5	14.7%	2	7.1%	5	13.9%
Unsure if services were available	5	14.7%	1	3.6%	4	11.1%
Too nervous or afraid	4	11.8%	2	7.1%	4	11.1%
Not treated with respect	3	8.8%	4	14.3%	2	5.6%
Had no child care	0	0.0%	2	7.1%	1	2.8%
Transportation problems	1	2.9%	3	10.7%	1	2.8%
Didn't know where to go	2	5.9%	0	0.0%	0	0.0%
Language barrier	0	0.0%	0	0.0%	0	0.0%
Other	6	17.6%	5	17.9%	1	2.8%

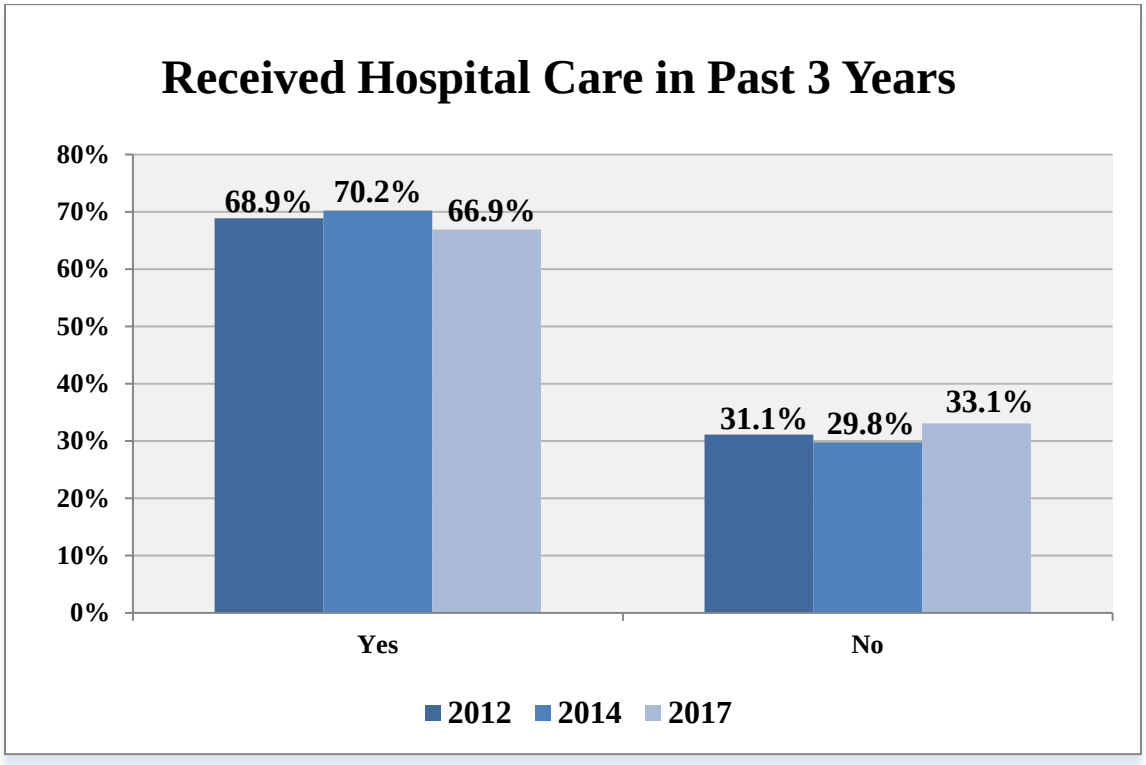
[1-2] Significantly more 2017 respondents delayed or did not get health care services because they don't like doctors, or because it was too far to go.

"Other" comments:

- Don't accept VA!
- Sat in waiting room for a long time

Hospital Care Received in the Past Three Years (Question 14)
2017 N = 151
2014 N = 171
2012 N = 180

Sixty-seven percent of respondents (n=101) reported that they or a member of their family had received hospital care during the previous three years and 33.1% (n=50) had not received hospital services.



Hospital Used Most in the Past Three Years (Question 15)
2017 N = 80
2014 N = 101
2012 N = 99

Of the 101 respondents who indicated receiving hospital care in the previous three years, 32.5% (n=26) reported receiving care in Sidney, 20% (n=16) received care in Billings, and 18.8% (n=15) received care in Williston, ND. Of those respondents who reported they had been to a hospital in the past three years, 21 did not indicate which hospital they had utilized.

	2012		2014		2017	
Hospital	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Sidney[1]	**7**	**7.1%**	**18**	**17.8%**	**26**	**32.5%**
Billings[2]	**7**	**7.1%**	11	10.9%	**16**	**20.0%**
Williston, ND	**20**	**20.2%**	**15**	**14.9%**	**15**	**18.8%**
Culbertson[3]	**54**	**54.5%**	**34**	**33.7%**	12	15.0%
Poplar	2	2.0%	2	2.0%	4	5.0%
Plentywood	2	2.0%	3	3.0%	2	2.5%
Glasgow	1	1.0%	2	2.0%	1	1.3%
Glendive	Not asked – 2012		1	1.0%	1	1.3%
Wolf Point	Not asked – 2012		0	0.0%	1	1.3%
Miles City	Not asked – 2012		1	1.0%	0	0.0%
Minot, ND	0	0.0%	0	0.0%	0	0.0%
Other[4]	6	6.1%	14	13.9%	2	2.5%
TOTAL	**99**	**100%**	**101**	**100%**	**80**	**100%**

[1-2] Significantly more respondents indicated that they used hospital services in Sidney or Billings in the past three years.
[3] Significantly fewer 2017 respondents indicated that they had used hospital services in Culbertson during the last three years.
[4] Significantly fewer 2017 respondents selected 'other', indicating they used a hospital not listed.

"Other" comments:
- Yuma, AZ
- Bismarck, ND

Reasons for Selecting the Hospital Used (Question 16)
2017 N = 101
2014 N = 120
2012 N = 124

Of the 101 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 46.5% (n=47). "Referred by physician" was selected by 44.6% (n=45) and 38.6% (n=39) selected "Prior experience with hospital". Note that respondents were asked to select the top three answers which influenced their choices; therefore, the percentages do not equal 100%.

	2012		2014		2017	
Reason	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Closest to home[1]	**83**	**66.9%**	**66**	**55.0%**	**47**	**46.5%**
Referred by physician[2]	**33**	**26.6%**	**52**	**43.3%**	**45**	**44.6%**
Prior experience with hospital[3]	**70**	**56.5%**	**52**	**43.3%**	**39**	**38.6%**
Specialist	Not asked – 2012		Not asked – 2014		33	32.7%
Hospital's reputation for quality	33	26.6%	44	36.7%	34	33.7%
Emergency, no choice[4]	44	35.5%	29	24.2%	20	19.8%
Recommended by family or friends	10	8.1%	11	9.2%	12	11.9%
Closest to work[5]	14	11.3%	5	4.2%	4	4.0%
Cost of care	6	4.8%	1	0.8%	4	4.0%
VA/Military requirement	2	1.6%	2	1.7%	2	2.0%
Required by insurance plan	2	1.6%	4	3.3%	1	1.0%
Other[6]	14	11.3%	6	5.0%	2	2.0%

[1]Significantly fewer 2017 respondents chose to utilize a hospital because it was the closest to their home.
[2] Significantly more 2014 and 2017 respondents utilized a hospital because they were referred by a physician.
[3-6] Significantly fewer 2014 and 2017 respondents utilized a hospital because of 'prior experience with hospital', 'emergency, no choice', it was 'closest to work', or 'other' reasons not listed.

"Other" comments:

- Previous issues with Culbertson

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Sidney	Billings	Williston, ND	Culbertson	Poplar	Plentywood	Glasgow	Wolf Point	Glendive	Other	Total
Culbertson 59218	15 (39.5%)	8 (21.1%)	6 (15.8%)	7 (18.4%)				1 (2.6%)		1 (2.6%)	**38**
Froid 59226	6 (37.5%)	2 (12.5%)	3 (18.8%)	4 (25%)		1 (6.6%)					**16**
Brockton 59213	3 (30%)	2 (20%)			3 (30%)		1 (10%)		1 (10%)		**10**
Bainville 59212	1 (12.5%)	1 (12.5%)	5 (62.5%)							1 (12.5%)	**8**
Homestead 59242	1 (33.3%)		1 (33.3%)	1 (33.3%)							**3**
Poplar 59255		2 (66.7%)			1 (33.3%)						**3**
Plentywood 59254						1 (100%)					**1**
Sidney 59270											**0**
Medicine Lake 59247											**0**
Other											**0**
TOTAL	**26 (32.8%)**	**15 (19%)**	**15 (19%)**	**12 (15.2%)**	**4 (5.1%)**	**2 (2.5%)**	**1 (1.3%)**	**1 (1.3%)**	**1 (1.3%)**	**2 (2.5%)**	**79 (100%)**

Cross Tabulation of Hospital and Reason Selected

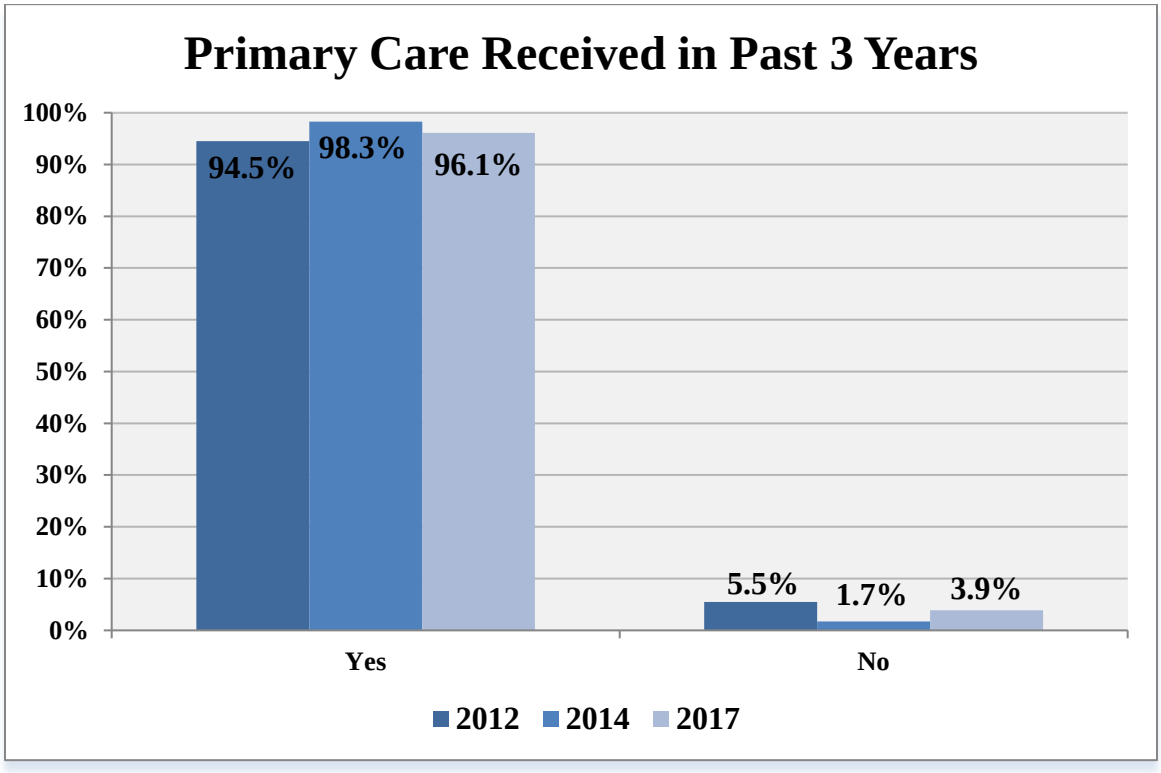
Analysis was done to assess respondents' most utilized hospital with why they selected that hospital. The chart below shows the results of the cross tabulation. Reason hospital was selected was a multiple response item, thus totals do not add up to 100%. Hospital location is across the top of the table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

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	Billings	Culbertson	Glasgow	Glendive	Sidney	Williston, ND	Plentywood	Poplar	Wolf Point	Other	Total
Closest to home	2 (5%)	12 (30%)			14 (35%)	7 (17.5%)	1 (2.5%)	3 (7.5%)		1 (2.5%)	**40**
Referred by physician	10 (26.3%)			1 (2.6%)	16 (42.1%)	6 (15.8%)	2 (5.3%)	3 (7.9%)			**38**
Prior experience with hospital	8 (22.8%)	7 (20%)	1 (2.9%)		10 (28.5%)	7 (20%)			1 (2.9%)	1 (2.9%)	**35**
Hospital's reputation for quality	4 (16%)	5 (20%)	1 (4%)	1 (4%)	7 (28%)	3 (12%)	1 (4%)	1 (4%)	1 (4%)	1 (4%)	**25**
Specialist	8 (32%)		1 (4%)	1 (4%)	8 (32%)	4 (16%)		2 (8%)		1 (4%)	**25**
Emergency, no choice	2 (11.1%)	5 (27.8%)			7 (38.9%)	2 (11.1%)		2 (11.1%)			**18**
Recommended by family or friends	1 (9.1%)	1 (9.1%)			6 (54.5%)	3 (27.3%)					**11**
Closest to work	1 (25%)	2 (50%)			1 (25%)						**4**
Cost of care	1 (33.3%)				1 (33.3%)				1 (33.3%)		**3**
VA/Military requirement					1 (50%)	1 (50%)					**2**
Required by insurance plan						1 (100%)					**1**
Other		1 (50%)				1 (50%)					**2**

Primary Care Received in the Past Three Years (Question 17)
2017 N = 154
2014 N = 177
2012 N = 182

Ninety-six percent of respondents (n=148) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Six respondents (3.9%) indicated they or someone in their household had not.



Location of Primary Care Provider (Question 18)
2017 N = 126
2014 N = 154
2012 N = 157

Of the 148 respondents who indicated receiving primary care services in the previous three years, 42.1% (n=53) reported receiving care in Culbertson. Twenty percent of respondents (n=25) reported they utilized primary care services in Sidney, and 15.1% (n=19) utilized services in Williston, ND. Twenty-two of the 148 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

	2012		2014		2017	
Clinic	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Culbertson[1]	**98**	**62.4%**	**95**	**61.7%**	**53**	**42.1%**
Sidney[2]	2	1.3%	8	5.2%	**25**	**19.8%**
Williston, ND	**36**	**22.9%**	**26**	**16.9%**	**19**	**15.1%**
Plentywood	5	3.2%	**9**	**5.8%**	10	7.9%
Poplar	5	3.2%	8	5.2%	8	6.3%
Billings	4	2.5%	2	1.3%	5	4.0%
Wolf Point	1	0.6%	0	0.0%	1	0.8%
Glasgow	Not asked – 2012		2	1.3%	1	0.8%
Glendive	Not asked – 2012		1	0.6%	1	0.8%
Miles City	Not asked – 2012		0	0.0%	1	0.8%
Minot, ND	0	0.0%	0	0.0%	0	0.0%
Other	**6**	**3.8%**	3	1.9%	2	1.6%
TOTAL	**157**	**100%**	**154**	**100%**	**126**	**100%**

[1] Significantly fewer 2017 respondents utilized primary care services in Culbertson.

[2] Significantly more 2017 respondents utilized primary care services in Sidney.

"Other" comments:

- Yuma, AZ
- Trenton Clinic- Trenton, ND
- MN
- Florida

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Reasons for Selection of Primary Care Provider (Question 19)
2017 N = 148
2014 N = 174
2012 N = 172

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. "Closest to home" was the most frequently selected reason at 55.4% (n=82) followed by "Prior experience with clinic" at 50.7% (n=75) and "Appointment availability" with 33.1% (n=49). Respondents were asked to check all that apply so the percentages do not equal 100%.

	2012		2014		2017	
Reason	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Closest to home	**106**	**61.6%**	**103**	**59.2%**	**82**	**55.4%**
Prior experience with clinic	**96**	**55.8%**	**98**	**56.3%**	**75**	**50.7%**
Appointment availability	**65**	**37.8%**	**68**	**39.1%**	**49**	**33.1%**
Clinic's reputation for quality	47	27.3%	41	23.6%	39	26.4%
Prefer to see an M.D.	27	15.7%	26	14.9%	20	13.5%
Recommended by family or friends	14	8.1%	24	13.8%	15	10.1%
Referred by physician or other provider	17	9.9%	8	4.6%	14	9.5%
Indian Health Services	Not asked – 2012		7	4.0%	13	8.8%
VA/Military requirement[1]	2	1.2%	2	1.1%	8	5.4%
Other business/shopping in that town	12	7.0%	7	4.0%	8	5.4%
Length of waiting room time[2]	23	13.4%	18	10.3%	7	4.7%
Cost of care[3]	16	9.3%	4	2.3%	5	3.4%
Required by insurance plan	8	4.7%	4	2.3%	4	2.7%
Other	15	8.7	13	7.5%	7	4.7%

[1] Significantly more 2017 respondents selected a primary care provider because of a VA or Military requirement.
[2-3] Significantly fewer 2017 respondents selected a primary care provider because of the length of time in the waiting room or the cost of care.

"Other" comments:

- Didn't have a major problem
- Offers services not available here
- At my place of work
- Stayed with a family member
- My family provider for years
- Knee surgery
- Don't have one now, she left
- Been going there for 40+ years
- Jay left
- My primary physician
- Work in Poplar

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Culbertson	**Sidney**	**Williston, ND**	**Plentywood**	**Poplar**	**Billings**	**Glasgow**	**Glendive**	**Miles City**	**Wolf Point**	**Other**	**Total**
Culbertson 59218	33 (55.9%)	11 (18.6%)	7 (11.9%)	1 (1.7%)	1 (1.7%)	3 (5.1%)		1 (1.7%)	1 (1.7%)	1 (1.7%)		**59**
Froid 59226	12 (41.4%)	7 (24.1%)	4 (13.9%)	3 (10.4%)		1 (3.4%)	1 (3.4%)				1 (3.4%)	**29**
Bainville 59212	3 (21.4%)	3 (21.4%)	7 (50%)								1 (7.1%)	**14**
Brockton 59213	3 (33.3%)	1 (11.1%)		1 (11.1%)	4 (44.5%)							**9**
Homestead 59242	2 (50%)	1 (25%)		1 (25%)								**4**
Poplar 59255					3 (75%)	1 (25%)						**4**
Medicine Lake 59247		1 (50%)		1 (50%)								**2**
Plentywood 59254				2 (100%)								**2**
Sidney 59270		1 (100%)										**1**
TOTAL	**53 (42.7%)**	**25 (20.2%)**	**18 (14.5%)**	**9 (7.3%)**	**8 (6.5%)**	**5 (4%)**	**1 (0.8%)**	**1 (0.8%)**	**1 (0.8%)**	**1 (0.8%)**	**2 (1.6%)**	**124 (100%)**

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Culbertson	Sidney	Williston, ND	Plentywood	Poplar	Billings	Miles City	Wolf Point	Glasgow	Glendive	Other	Total
Closest to home	47 (67.2%)	7 (10%)	4 (5.7%)	4 (5.7%)	4 (5.7%)	2 (2.9%)	1 (1.4%)		1 (1.4%)			**70**
Prior experience with clinic	32 (48.5%)	11 (16.7%)	13 (19.7%)	5 (7.6%)	1 (1.5%)	2 (3%)	1 (1.5%)	1 (1.5%)				**66**
Appointment availability	26 (61.9%)	4 (9.5%)	4 (9.5%)	3 (7.1%)	2 (4.8%)	2 (4.8%)					1 (2.4%)	**42**
Clinic's reputation for quality	14 (45.2%)	4 (12.9%)	5 (16.1%)	4 (12.9%)	1 (3.2%)	2 (6.5%)		1 (3.2%)				**31**
Prefer to see M.D.		8 (44.4%)	4 (22.2%)	4 (22.2%)		2 (11.1%)						**18**
Recommended by family or friends	3 (21.5%)	5 (35.7%)	3 (21.5%)			1 (7.1%)	1 (7.1%)				1 (7.1%)	**14**
Referred by physician or other provider		8 (72.7%)	1 (9.1%)			2 (18.2%)						**11**
Indian Health Services			1 (11.1%)		7 (77.8%)						1 (11.1%)	**9**
Other business or shopping in that town	1 (14.3%)	3 (42.8%)	2 (28.6%)	1 (14.3%)								**7**
Length of waiting room time	5 (71.4%)	1 (14.3%)				1 (14.3%)						**7**
VA/Military requirement		2 (33.3%)	2 (33.3%)	1 (16.7%)						1 (16.7%)		**6**
Cost of care	1 (20%)	1 (20%)			2 (40%)			1 (20%)				**5**
Required by insurance plan	2 (50%)	2 (50%)										**4**
Other	2 (28.6%)	2 (28.6%)		1 (14.3%)	1 (14.3%)	1 (14.3%)						**7**

Use of Healthcare Specialists during the Past Three Years (Question 20)
2017 N = 153
2014 N = 176
2012 N = 171

Seventy-six percent of the respondents (n=116) indicated they or a household member had seen a healthcare specialist during the past three years and twenty-four percent (n=37) indicated they had not.

"Other" comments:

- No, but have an appointment with one in December

Location of Healthcare Specialist (Question 21)
2017 N = 116
2014 N = 124
2012 N = 115

Of the 116 respondents who indicated they saw a healthcare specialist in the past three years, 41.4% (n=48 each) saw one in Billings or Sidney. Williston, ND specialty services were utilized by 37.9% of respondents (n=44). Respondents could select more than one location; therefore, percentages do not equal 100%.

	2012		2014		2017	
Location	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Billings	**42**	**36.5%**	**53**	**42.7%**	**48**	**41.4%**
Sidney	**38**	**33.0%**	**43**	**34.7%**	**48**	**41.4%**
Williston, ND[1]	**77**	**67.0%**	**45**	**36.3%**	**44**	**37.9%**
Minot, ND	8	7.0%	10	8.1%	12	10.3%
Plentywood	8	7.0%	13	10.5%	11	9.5%
Culbertson[2]	25	21.7%	13	10.5%	10	8.6%
Glasgow	8	7.0%	13	10.5%	10	8.6%
Glendive	3	2.6%	5	4.0%	3	2.6%
Poplar	2	1.7%	0	0.0%	3	2.6%
Wolf Point	Not asked – 2012		2	1.6%	2	1.7%
Miles City	Not asked – 2012		Not asked – 2014		1	0.9%
Other[3]	8	7.0%	18	14.5%	6	5.2%

[1-2] Selection of Williston, ND and Culbertson has been significantly declining since 2012.
[3] Significantly more 2014 respondents selected 'other' location not listed.

"Other" comments:
- Bismarck, ND (6)
- Scobey
- N/A
- Bozeman
- Trenton, ND
- Williston, ND
- Florida

Type of Healthcare Specialist Utilized (Question 22)
2017 N = 116
2014 N = 124
2012 N = 115

The respondents (n=116) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialists were; "Dentist" (38.8%; n=45), "Chiropractor" (22.4%; n=26) and "Orthopedic surgeon" (21.6%; n=25). Respondents were asked to select all that apply so percentages do not equal 100%.

	2012		2014		2017	
Health Care Specialist	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Dentist[1]	**59**	**51.3%**	**44**	**35.5%**	**45**	**38.8%**
Chiropractor[2]	**33**	**28.7%**	19	15.3%	**26**	**22.4%**
Orthopedic surgeon	18	15.7%	**29**	**23.4%**	**25**	**21.6%**
General surgeon	22	19.1%	**25**	**20.2%**	23	19.8%
Dermatologist	18	15.7%	10	8.1%	19	16.4%
Cardiologist	23	20.0%	18	14.5%	18	15.5%
Ophthalmologist	16	13.9%	15	12.1%	17	14.7%
OB/GYN	18	15.7%	17	13.7%	14	12.1%
Radiologist	**27**	**23.5%**	24	19.4%	14	12.1%
Gastroenterologist	Not asked – 2012		13	10.5%	14	12.1%
ENT (ear/nose/throat)	13	11.3%	10	8.1%	12	10.3%
Endocrinologist	8	7.0%	5	4.0%	10	8.6%
Physical therapist	19	16.5%	22	17.7%	10	8.6%
Neurologist	8	7.0%	11	8.9%	9	7.8%
Audiologist	Not asked – 2012		10	8.1%	9	7.8%
Urologist	13	11.3%	6	4.8%	8	6.9%
Podiatrist	14	12.2%	11	8.9%	7	6.0%
Rheumatologist	1	0.9%	4	3.2%	6	5.2%
Neurosurgeon	3	2.6%	10	8.1%	5	4.3%
Pulmonologist	Not asked – 2012		6	4.8%	5	4.3%
Oncologist[3]	3	2.6%	12	9.7%	4	3.4%
Mental health counselor	2	1.7%	2	1.6%	3	2.6%
Occupational therapist	4	3.5%	7	5.6%	3	2.6%
Allergist	6	5.2%	3	2.4%	2	1.7%
Pediatrician[4]	9	7.8%	3	2.4%	2	1.7%
Psychiatrist (M.D.)	1	0.9%	2	1.6%	1	0.9%
Psychologist	1	0.9%	2	1.6%	1	0.9%
Social worker	1	0.9%	4	3.2%	1	0.9%
Dietician	4	3.5%	2	1.6%	0	0.0%
Geriatrician	0	0.0%	0	0.0%	0	0.0%
Speech therapist	1	0.9%	4	3.2%	0	0.0%
Substance abuse counselor	0	0.0%	1	0.8%	0	0.0%
Other[5]	12	10.4%	12	9.7%	2	1.7%

Question 22 continued next page…

[1,4] Significantly fewer 2014 and 2017 respondents went to see a dentist or a pediatrician.

[2] Significantly more 2017 respondents went to a chiropractor, when compared to 2014 respondents.

[3] Significantly fewer 2017 respondents went to an oncologist, when compared to 2014 respondents.

[5] Significantly fewer 2017 respondents selected 'Other'.

"Other" comments:

- Colonoscopy
- N/A
- Our doctor
- Heart (2)
- Parkinson's
- Kidney
- Bone doctor
- Optician
- Retinal eye specialist

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

Respondents were asked to rate a variety of aspects of the overall care provided at Roosevelt Medical Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know. The sums of the average scores were then calculated with Ambulance services and Laboratory services receiving the top average scores of 3.6 out of 4.0. The total average score was 3.3, indicating the overall services of the hospital to be "Excellent" to "Good."

2017	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know/ Haven't used	No Answer	N	Avg
Ambulance services	46	16	4	0	19	67	161	3.6
Laboratory	72	36	4	1	13	28	161	3.6
Physical therapy	40	22	7	1	17	64	161	3.4
Inpatient services	22	18	6	2	22	82	161	3.3
Radiology	35	30	7	2	17	58	161	3.3
Emergency room/urgent care	36	44	14	4	10	45	161	3.1
Long-term care	14	17	5	2	23	89	161	3.1
Telehealth/telemedicine	12	17	5	2	27	86	161	3.1
Diabetes education	8	5	13	3	27	13	161	2.6
TOTAL	**285**	**205**	**65**	**17**				**3.3**

2014	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	Haven't used	No Answer	N	Avg
Ambulance services	42	33	0	2	13	76	17	183	3.5
Laboratory	73	54	6	1	5	36	8	183	3.5
Physical therapy	44	25	5	1	17	77	14	183	3.5
Radiology	43	33	6	2	20	65	14	183	3.4
Emergency room/urgent care	49	35	16	4	10	55	14	183	3.2
Long term care	17	8	11	4	30	96	17	183	3.0
Diabetes education	9	20	6	5	28	95	20	183	2.8
TOTAL	**220**	**165**	**31**	**31**					**3.3**

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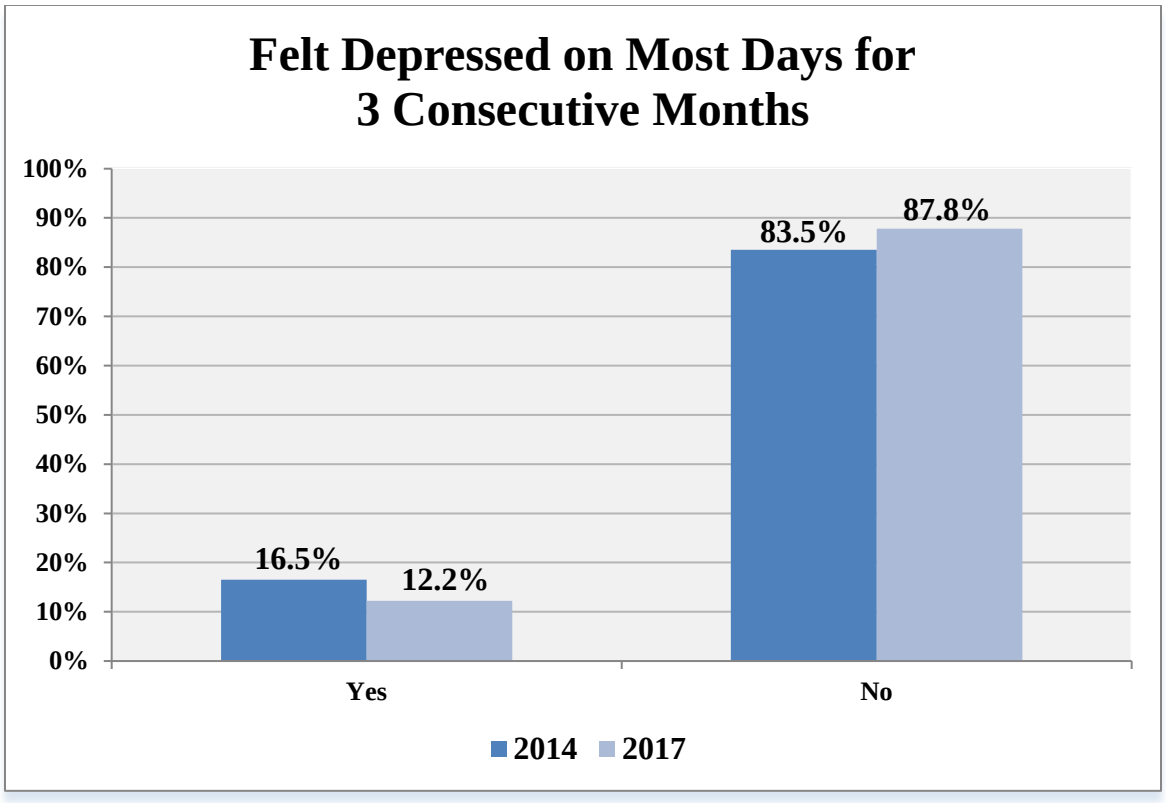
2012	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know Haven't Used	N	Avg
Ambulance services	38	21	1	2	122	184	3.5
Laboratory	78	38	3	4	61	184	3.5
Physical therapy	24	15	5	1	139	184	3.4
Radiology	34	19	5	2	124	184	3.4
Emergency room/urgent care	47	30	14	3	90	184	3.3
Long term care	13	13	4	3	151	184	3.1
Diabetes education	9	12	7	2	154	184	2.9
TOTAL	**243**	**148**	**39**	**17**			**3.4**

Survey Findings – Personal Health

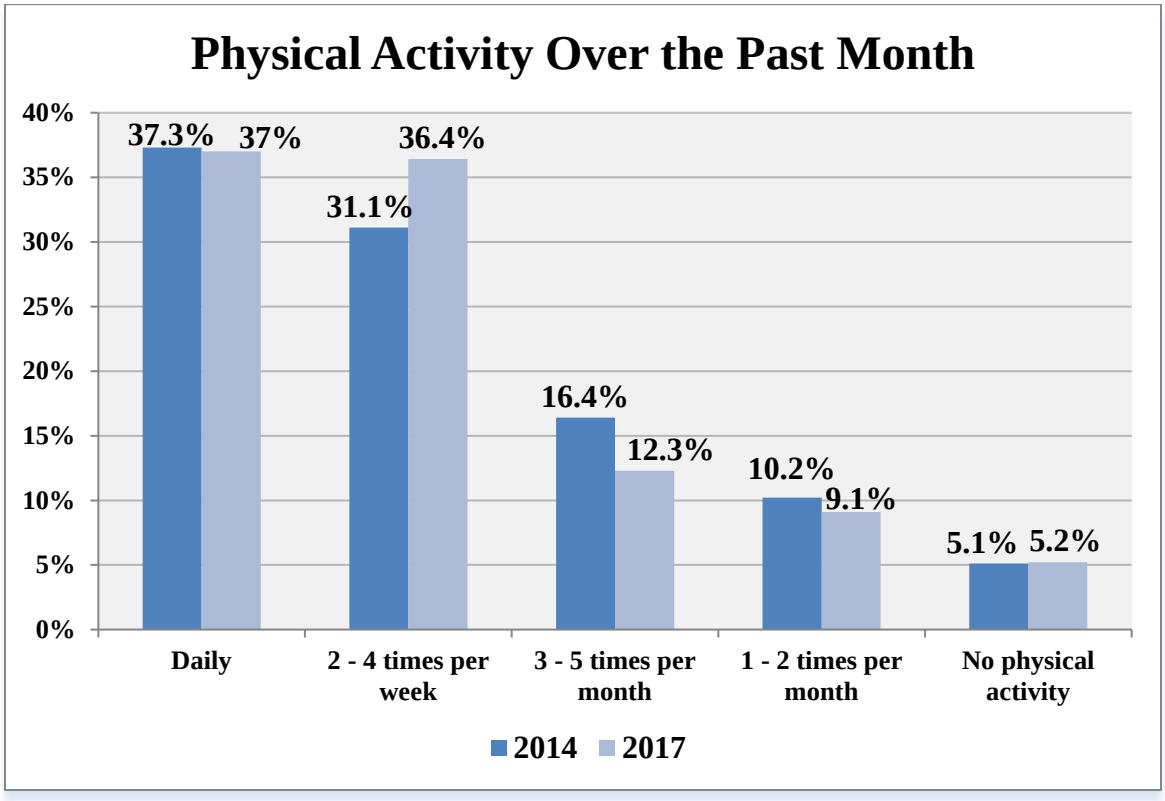
Prevalence of Depression (Question 24)
2017 N = 156
2014 N = 176

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. Twelve percent of respondents (n=19) indicated they had experienced periods of depression and 87.8% of respondents (n=137) indicated they had not.



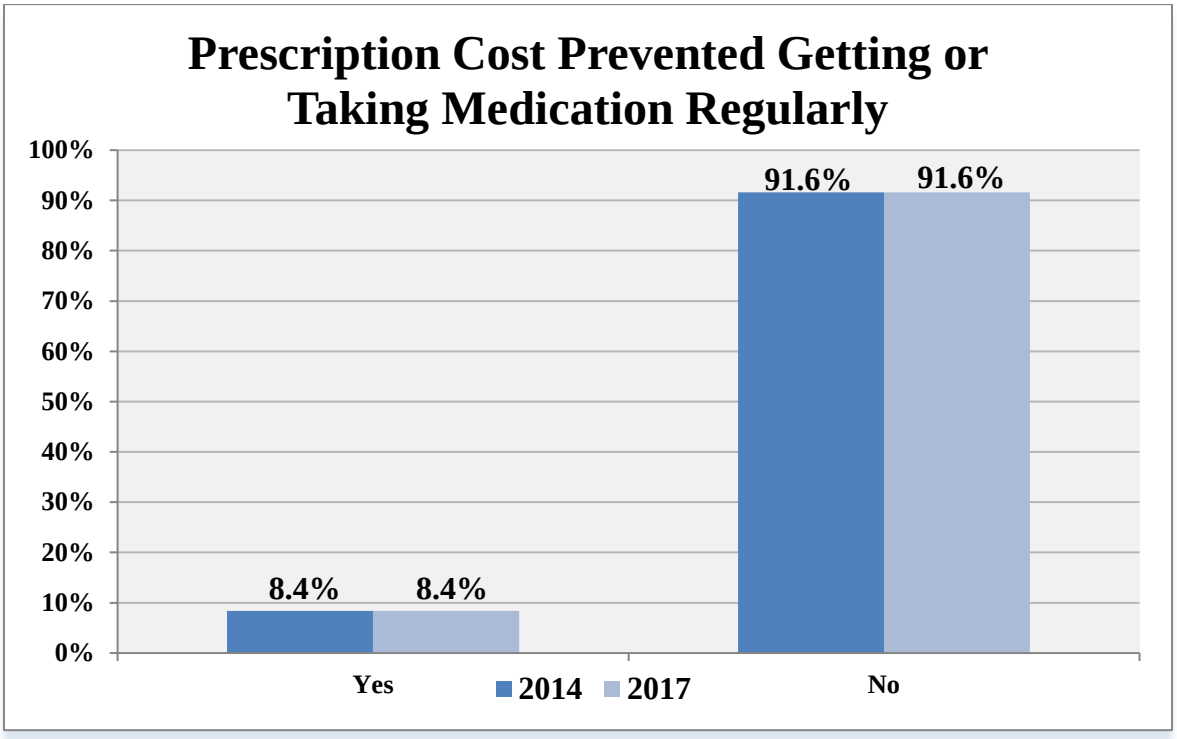
Physical Activity (Question 25)
2017 N = 154
2014 N = 177

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-seven percent of respondents (n=57) indicated they had physical activity of at least twenty minutes "Daily." Thirty-six percent of respondents (n=56) indicated they had physical activity "2-4 times per week" and 5.2% of respondents (n=8) indicated they had "No physical activity."



Cost and Prescription Medications (Question 26)
2017 N = 154
2014 N = 178

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Eight percent of respondents (n=13) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Ninety-two percent of respondents (n=141) indicated that cost had not prohibited them.



"Other" comments:

- Doctor visit charges are too high

Survey Findings – Health Insurance

Medical Insurance (Question 27)
2017 N = 140
2014 N = 157
2012 N = 141

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-one percent (n=44) indicated they have "Employer sponsored" insurance. Twenty-six percent (n=37) reported they have "Medicare + Supplement" and 10% (n=14) indicated that they have "Medicare".

	2012		2014		2017	
Insurance Type	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Employer sponsored	**55**	**39.0%**	**60**	**38.2%**	**44**	**31.4%**
Medicare + Supplement	Not asked – 2012		Not asked – 2014		**37**	**26.4%**
Medicare[1]	**51**	**36.2%**	**45**	**28.7%**	**14**	**10.0%**
Private insurance/private plan	**20**	**14.2%**	**19**	**12.1%**	13	9.3%
Medicaid	0	0.0%	3	2.0%	9	6.4%
Health Insurance Marketplace	Not asked – 2012		7	4.5%	7	5.0%
Indian Health Services	1	0.7%	6	3.8%	5	3.6%
None/Pay out of pocket	8	5.7%	8	5.1%	4	3.0%
VA/Military	2	1.4%	1	0.6%	3	2.1%
Healthy MT Kids	3	2.1%	1	0.6%	2	1.4%
Health Savings Account	Not asked – 2012		2	1.3%	1	0.7%
Agricultural Corp. Paid	0	0.0%	0	0.0%	0	0.0%
State/other	1	0.7%	1	0.6%	0	0.0%
Other	0	0.0%	4	2.5%	1	0.7%
TOTAL	**141**	**89.7%**	**157**	**100%**	**140**	**100%**

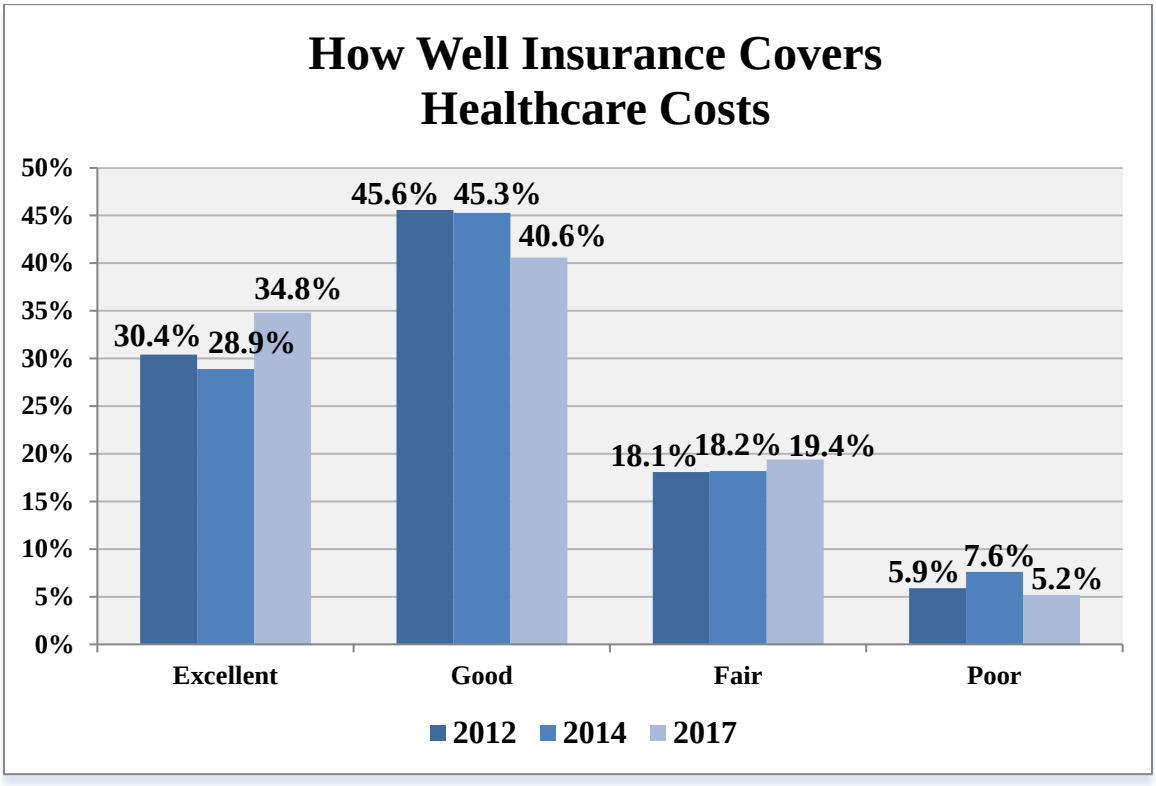
[1] Significantly fewer 2017 respondents selected Medicare as their primary health insurance.

"Other" comments:

- AARP United Healthcare Insurance Company
- Blue Cross/Blue Shield (3)

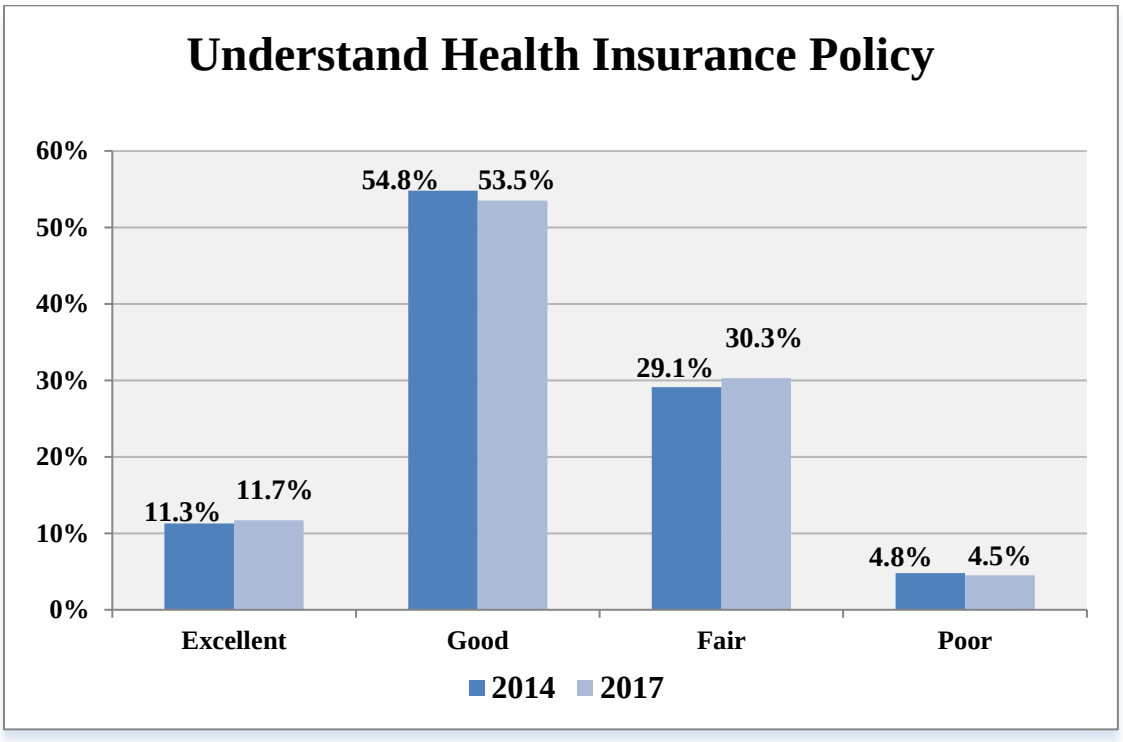
Insurance and Healthcare Costs (Question 28)
2017 N = 155
2014 N = 170
2012 N = 171

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-one percent of respondents (n=63) indicated they felt their insurance covers a "Good" amount of their healthcare costs. Thirty-five percent of respondents (n=54) indicated they felt their insurance is "Excellent" and 19.4% (n=30) indicated that it is "Fair."



Knowledge of Insurance Policy (Question 29)
2017 N = 155
2014 N = 168

Respondents were asked to indicate how well they felt they understood their health insurance policy. Fifty-four percent of respondents (n=83) indicated they had a "Good" understanding of their health insurance policy. Thirty percent of respondents (n=47) indicated they had an "Fair" understanding and 11.7% indicated they had an "Excellent" understanding.



Barriers to Having Medical Insurance (Question 30)
2017 N = 4
2014 N = 8
2012 N = 8

Those respondents who indicated they did not have medical insurance (n=4) were asked to indicate why they did not. "Cannot afford to pay for medical insurance" and "Choose not to have medical insurance" were the top responses with 40% (n=2 each). Respondents could select all that apply.

	2012		2014		2017	
Reason	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Cannot afford to pay for medical insurance[1]	7	87.5%	4	33.3%	2	40.0%
Choose not to have medical insurance	1	12.5%	2	16.7%	2	40.0%
Employer does not offer insurance	1	12.5%	2	16.7%	1	20.0%
Other[2]	0	0.0%	6	50.0%	0	0.0%

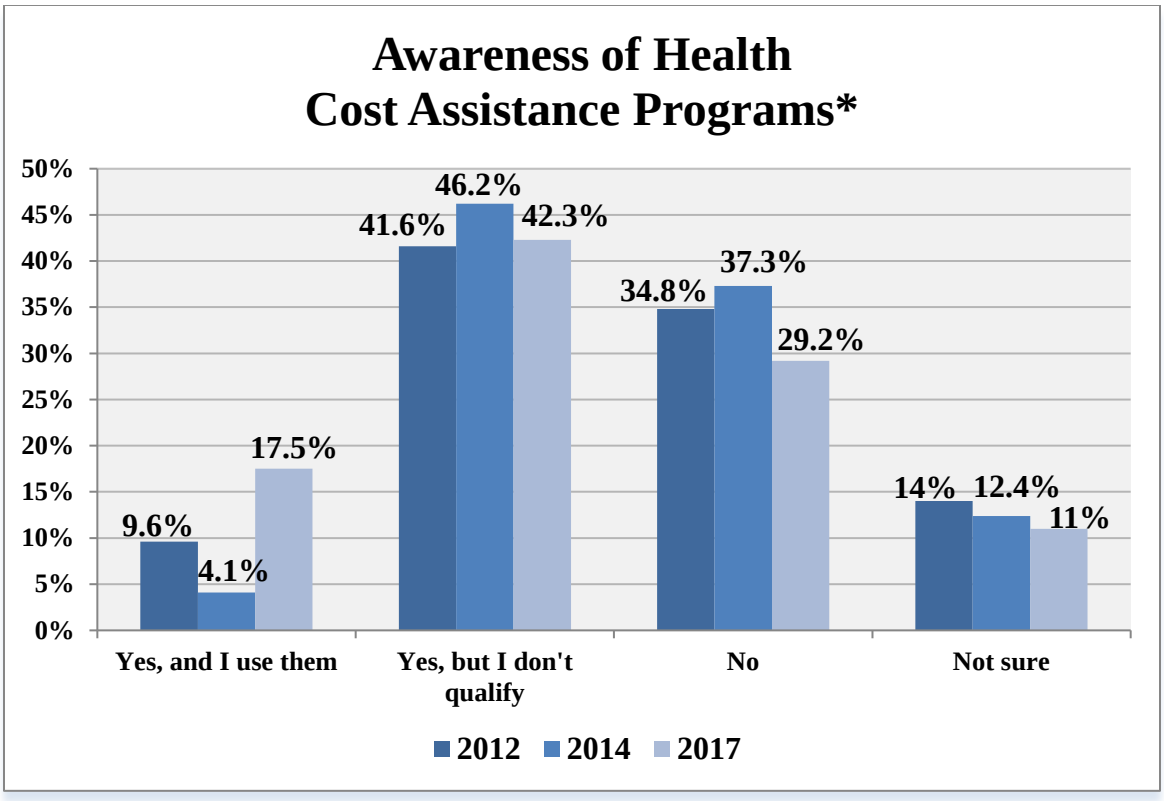
[1] Significantly fewer 2014 and 2017 respondents selected "Cannot afford to pay for medical insurance".
[2] Significantly more 2014 respondents selected "Other" reasons not listed.

"Other" comments:

- N/A (2)
- I do have it!
- IHS

Awareness of Health Payment Programs (Question 31)
2017 N = 137
2014 N = 169
2012 N = 178

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-two percent of respondents (n=58) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-nine percent (n=40) indicated that they were not aware of these programs and 17.5% of respondents (n=24) indicated they were aware and utilized them.



*Significantly more 2017 respondents were aware of cost assistance programs and utilized them.
* Significantly fewer 2017 respondents were not aware of cost assistance programs.

VI. Key Informant Interview Methodology

Eight key informant interviews were conducted in August 2017. Participants were identified as people living in Roosevelt Medical Center's service area.

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

VII. Key Informant Interviews Summary

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

Improve health of the community:

- Community members indicated a need for a wellness center and outdoor fitness options (i.e. walking and biking paths).
- Participants expressed concern about the distance to receive some healthcare services and indicated they would utilize more local services if available.
- Community members felt that a full-time doctor and improving retention of staff would increase access to care.
- Access to mental health resources.
- Access to alcohol abuse services.

Most important local healthcare issues:

- Abuse of prescription drugs.
- Diabetes.
- Drugs and alcohol.
- Community members expressed concern about the local providers not being in network for some insurance plans.

Needed healthcare services in the community:

- Dentist
- Eye doctor
- More telemedicine services
- Specialized services
- More doctors
- Access to mental healthcare
- Addiction services (Tobacco, opioids, alcohol, etc.)
- Pediatrician
- Pharmacy

VIII. Summary

One hundred sixty-one surveys were completed in Roosevelt Medical Center's service area for a 20.5% response rate. Of the 161 returned, 67.1% of the respondents were female, 67.9% were 56 years of age or older, and 36.9% reported they are retired.

Respondents rated the overall quality of care and services at the hospital as good, scoring 3.3 out of 4.0.

Over half of the respondents (55.6%) feel the Culbertson area is a "Somewhat healthy" place to live. Respondents indicated their top three health concerns were: alcohol/substance abuse (66.5%), cancer (44.1%), and diabetes (34.8%). Significantly more respondents identified alcohol/substance abuse and mental health issues as concerns than in previous Community Health Needs Assessments conducted in 2014 and 2012.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: weight loss (37.3%), health and wellness (34.8%), and fitness (31.7%). Significantly more respondents indicated a desire/need for health and wellness and parenting programs than in 2014.

Overall, area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 86.1% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

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

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

The community steering committee determined the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise (see Appendix B for additional information regarding input received from community representatives).

Determination of need and priorities were 1) identified by the community though focus groups and random sample survey; 2) identified via secondary data; 3) validated by the community steering committee; 4) reviewed by the health experts on the community committee; 5) assessed to determine if other organizations in the community are addressing the issue; and 6) assessed to determine if the hospital has the capacity to address the issue. The prioritized health needs as determined through the assessment process and which the collaborators will be addressing over the next three years relates to the following healthcare issues:

- Senior Services
- Health and Wellness
- Alcohol and Substance Abuse

Roosevelt Medical Center will determine which how each needs or opportunities could be addressed considering RMC's parameters of resources and limitations. The committee will develop a thoughtful Implementation Plan using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

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

Resources

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

- Culbertson, Froid, and Bainville area schools provide opportunities for students to discover health careers
- Eastern Montana Area Health Education Center (AHEC) organizes and runs Recruitment and Educational Assistance for Careers in Health (REACH) camps on behalf of rural communities interested in fostering local children's interest in pursuing healthcare careers
- Montana Connections/AHEC Recruitment Program assist in recruiting primary care physicians to rural areas
- Montana Office of Rural Health (MORH) provides technical assistance to rural health systems and organizations
- Great Northern Development serves as an organization which provides assistance with economic development and community improvement.
- Eastern Montana Telemedicine Network (EMTN) provides infrastructure and support for telehealth needs
- Eastern Montana Mental Health Services provides support and services related to mental health
- Montana Health Network is a collaborative effort to provide services to all residents of Montana
- City Council of Culbertson is a partner with the facility and is active in the community
- County Council of Aging is a partner with the facility and serves as a resource for the senior population
- Translational Research Program, associated with Billings clinic, provides resources and support to the facility
- Montana Nutrition and Physical Activity Program (NAPA) will serve as a resource specific to health/wellness
- MSU Extension provides educational support to members of the community
- Montana Department of Public Health and Human Services (DPHHS) provides support to the facility

X. Evaluation of Activity Impacts from Previous CHNA

The Roosevelt Medical Center Board of Directors approved its previous implementation plan May 26, 2014. The plan prioritized the following health issues:

- Access to healthcare and other services
- Health education and outreach activities in the community
- Physical activity and healthy lifestyles
- Stable medical center for continued access to primary healthcare services

Access to healthcare and other services

- RMC publishes a twice yearly Healthy Neighbors newsletter in November and June that is mailed through a USPS every-door-direct mailing to roughly 1,400 service area residents in the communities of Culbertson, Froid, Bainville, Medicine Lake and Homestead.
- Our IT department has developed extraction capabilities for EHR release forms to allow for the use of patient emails to enable RMC to send out surveys, diabetic patient information as well as promote flu vaccines and other PSA information.

Health education and outreach activities in the community

- Every March an awareness event is scheduled known as Elizabeth & Friends. Topics change annually, with the most recent focused on childhood obesity. Typically, about sixty women attend. This leads to a more informed population that is better able to make good decisions about how to manage their own health.
- In May 2014 RMC hosted the Men's Health Main Event, focusing on the misinformation in the media about men's health needs, particularly performance enhancing pills. It was hosted by Dr. Helland, MD. About ten men attended.
- In October each year, a Pink Carpet Event is hosted to promote women's breast health through a presentation by Elizabeth Kleppen, PA. Typically, about 60 women attend.
- A Health Fair and Fun Day was hosted on June 23, 2016. About 300 people were in attendance. With about 25 "vendors" promoting different health and safety topics, this outreach event led to enhanced awareness for everyone in attendance.
- The diabetic education program was developed and surveys were sent in May of 2016 to 52 patients and it enabled the clinic to gauge the effectiveness of the current program.
- RMC's marketing department distributes welcome home packets to each of the city offices that are given to new community members when they come to get their water bills in their name. It includes brochures of our services, logoed items (magnet/pen) and an EMS color book and crayons for youth.
- The marketing department delivers via USPS, every-door-direct mailings about our long-term-care vacancies, providers and telehealth services. A booth is set up each year at the Roosevelt County Fair with awareness information as well as RMC services information. Annually, with the end of the school year, the marketing department distributes "Have a Safe

and Healthy Summer" bags to every student in the service area K-7th. Periodic ads are also ran as well as press releases about new equipment, providers and services.

Physical activity and healthy lifestyles

- In 2014 and 2016 the EMS department spearheaded getting challenge teams together to participate in the Shape Up Montana campaign which promoted the health and wellness of staff and builds upon in-house team work.
- In 2017 RMC hosted its' first annual Pink & Tough Powder Puff Football game. The awareness day promoted well breast health and activity. The facility chose this event because the community is extremely sports minded and everyone believed it would be well attended ensuring RMC could distribute wellness information. About 150 people attended, some of which were staff members who participated in the game. RMC timed the event in conjunction with the school's football game and had volunteers from both RMC and the high school promoting health and wellness.
- In 2017 RMC hosted a "Healthy Eating For Youth" booth during the Town of Culbertson's Winter Showcase Bazaar. There, youth were invited to sign pledges to eat healthier during the holiday break. As an incentive they were entered into a raffle to win several healthy cooking kid's cookbooks.
- In an effort to promote staff wellness, the physical therapy department equipment is available to all staff members who want to use it.
- In 2014 and 2016 RMC helped to sponsor and support the schools Color Run by providing water and water bottles. EMS also participated by giving area youth tours of the ambulance. RMC has chosen to not host a run, but rather build relationships with the local organizations already hosting them.
- Most months, staff takes turns hosting a Monthly Mania where a pot luck gathering takes place and promotes different celebrations within departments. (Hospital/Lab/EMS Week) Most events are geared toward healthy recipes.
- In the twice-yearly community-wide Healthy Neighbors newsletter healthy eating information is given, as well as recipes and fast facts about healthy foods and the benefits of eating, or drinking them.

Stable medical center for continued access to primary healthcare services

- Full-time FNP hired August 2016 who left August 2017 due to distance from family. Recruiting for replacement began in March 2017 when provider gave notice of intent to leave at end of 1st year's contract
- Administrator is engaged with numerous recruiting agencies, including 3R Net, and in negotiations with area provider to relocate to RMC. Receive 6-8 referrals per month – many of whom are new graduates and not good candidates for this location or who are not truly interested in rural practice.
- Completed reapplication to remain a designated HPSA site.
- Administrator is on the Board of Directors for the NE MT AHEC.

- Administrator is on advisory committee for HEALTHCARE MT grant that redesigned nursing education requirements, partnered with MT Dept. of Labor to expand healthcare apprenticeship programs, and increased availability of distance learning is several healthcare occupations.
- Administrator participated in NHSC virtual job fair with no contacts received.
- RMC provided scholarships in the amount of $500 for a student to attend the week-long summer Medstart camps sponsored by AHEC in 2016 and 2017.
- The RMHF Foundation provides two annual $500 scholarships to students and graduates within our services area pursuing degrees in healthcare.

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Audrey Stromberg, Administrator - Roosevelt Medical Center
2. Jaimee Green, Marketing/Foundation Director - Roosevelt Medical Center
3. Sheri Crain, Town Mayor- Town of Froid
4. Lynda Labatte, Farmer- Town of Froid
5. Mark Nelson, City Council – Town of Culbertson
6. Ardis Oelkers, Roosevelt County MSU Extension Office – Town of Culbertson
7. Mary Lou Weeks, Senior Center – Town of Culbertson
8. Betty Gobbs, Senior Center Representative, volunteer – Town of Culbertson
9. Chris Traeger, Rancher – Town of Bainville
10. Patty Presser, Roosevelt County Public Health Director
11. Sharon Schmitz - Hospital Gov. Board member

Appendix B – Public Health and Populations Consultation
Public Health and Populations Consultation Worksheet

1. Public Health

a. Name/Organization

- Patty Presser, Roosevelt County Public Health Director
- Ardis Oelkers, Roosevelt County MSU Extension Office – Town of Culbertson

b. Date of Consultation
First Steering Committee Meeting: 03/29/2017

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

d. Input and Recommendations from Consultation
- People might be interested in diabetes education.
- Montana suicide rates are alarming.
- We have such a big county that county-wide data isn't really representative of each community.

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

Population: Youth

a. Name/Organization
- Larry Crowder, Culbertson School District Superintendent
- Sheri Crain, Town Mayor- Town of Froid
- Lynda Labatte, Farmer- Town of Froid
- Patty Presser, Roosevelt County Public Health Director

b. Date of Consultation
First Steering Committee Meeting: 03/29/2017
Key Informant Interview: 08/10/17

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

d. Input and Recommendations from Consultation
- I would also say for outdoors a walking or biking place would be nice for recreation since we don't have that.
- I worry about mental health.
- There doesn't seem to be as much teen pregnancy in Culbertson.

Population: Low Income

a) Name/Organization
   - Ardis Oelkers, Roosevelt County MSU Extension Office – Town of Culbertson
   - Patty Presser, Roosevelt County Public Health Director.

b. Date of Consultation
   First Steering Committee Meeting: 03/29/2017

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

d. Input and Recommendations from Consultation
   - The number of uninsured adults seems really high.

Population: Seniors

a. Name/Organization
   - Betty Gobbs, Senior Center Representative, volunteer – Town of Culbertson

b. Date of Consultation
   First Steering Committee Meeting: 03/29/2017

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

d. Input and Recommendations from Consultation
   - It would be nice to have more specialty services in town so that seniors don't have to travel so far.

Population: Tribal/American Indian

a. Name/Organization
   - Betty Gobbs, Senior Center Representative, volunteer – Town of Culbertson

b. Date of Consultation
   First Steering Committee Meeting: 03/29/2017

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

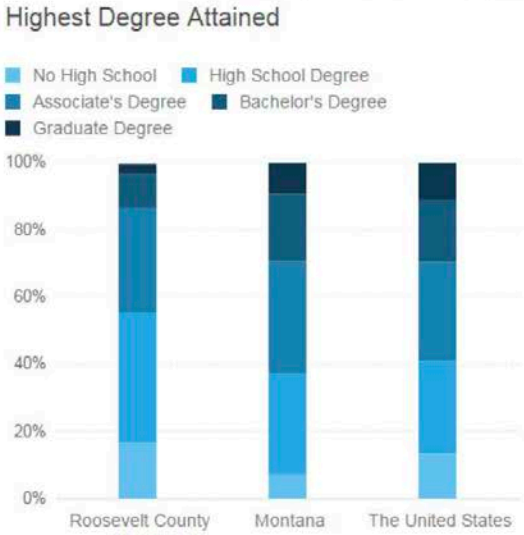
d. Input and Recommendations from Consultation
   - High prevalence of diabetes and obesity.

Appendix C – Secondary Data

Roosevelt County
Secondary Data Analysis
January 11, 2018

Demographic Measure (%)		County[3]			Montana[2]			Nation[1,2]		
Population		11,332			1,032,949			321,418,820		
Population Density		4.4			6.8			*Not relevant*		
Age		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		9.5%	58.2%	10.8%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender		Male	Female		Male	Female		Male	Female	
		49.6%	50.4%		50.3%	49.7%		49.2%	50.8%	
Race/Ethnic Distribution	White	37.9%			89.2%			77.1%		
	American Indian or Alaska Native	58.3%			6.6%			1.2%		
	Other †	2.6%			5.1%			36.7%		

[1] County Health Ranking, Robert Wood Johnson Foundation (2012) †Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry
[2] US Census Bureau (2015) [3] County Health Profiles, DPPHS (2015)



Roosevelt County

No High School	16.66%
High School Degree	38.75%
Associate's Degree	31.11%
Bachelor's Degree	10.02%
Graduate Degree	2.90%

Montana

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

The United States

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

[4] National Center for Education Statistics

Roosevelt County
Secondary Data Analysis
January 11, 2018

Socioeconomic Measures (%)	County[1,2]	Montana[1,2,5]	Nation[2,5,6,7,8]
Median Income	$32,974	$46,766	$53,482
Unemployment Rate	5.2%	4.1%	4.9%
Persons Below Poverty Level	24.3%	14.6%	13.5%
Uninsured Adults (Age <65)	25%	17%	13.3%
Uninsured Children (Age <18)	N/A	11.0%	5.5%
Children in Poverty	33%	19%	21%

[1] County Health Ranking, Robert Wood Johnson Foundation (2017) [6] Center for Disease Control and Prevention (CDC), Health Insurance (2014)
[2] US Census Bureau (2015) [7] Bureau of Labor Statistics (August 2016)
[5] Montana Dept of Labor and Industry, Research & Analysis Bureau (August 2015) [8] National Center for Children in Poverty

Maternal Child Health[3]	County	Montana
Births Between 2011-2013	626	35,881
Born less than 37 weeks	9.9%	9.1%
Teen Birth Rate (females age 15-19) Per 1,000 years 2009-2013	101.9	32.0
Smoking during pregnancy	29.1%	16.3%
Receiving WIC	54.9%	34.6%
Children (2-5 years of age) overweight or obese	38.0%	27.9%

[3] County Health Profiles, DPPHS (2015)

Behavioral Health	County[1,3]	Montana[1,3,9]
*Childhood Immunization Up-To-Date (UTD) % Coverage**	65.6%	65.6%
Tobacco Use	30%	19%
Alcohol Use (binge + heavy drinking)	22%	22%
Obesity	37%	25%
Poor Mental Health Days (Past 30 days)	4.5	3.6
No Leisure time for physical activity	29%	20%

[1] County Health Ranking, Robert Wood Johnson Foundation (2017)
[3] County Health Profiles, DPPHS (2015)
[9] Center for Disease Control and Prevention (CDC), National Vital Statistics (2014)
* UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 HIB, 3 Hep B, 1 Var, 4 PCV by 24–35 month old children.

Communicable Diseases (per 100,000 people)[3]	County	Montana
Chlamydia	1,446.9	366.24
Hepatitis C	857.1	122.95
Pertussis	55.3	44.60

[3] County Health Profiles, DPPHS (2015)

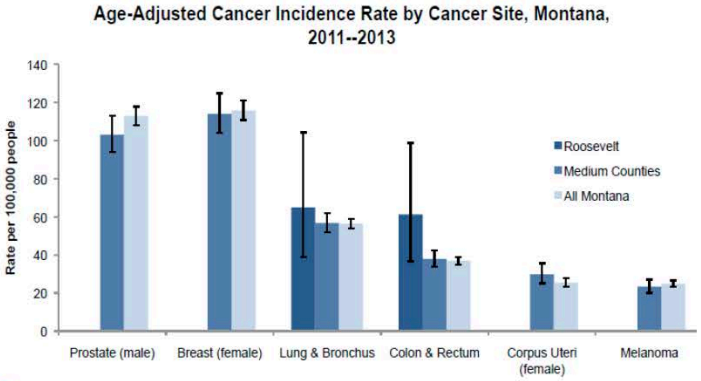
Chronic Disease Inpatient Admissions[3]	County	Montana
Chronic Obstructive Pulmonary Disease (COPD) Per 100,000 population	451.3	716.8
Diabetes Per 100,000 population	1,277.9	822.5
Cardiovascular Disease Per 100,000 population	859.6	746.7

3 County Health Profiles, DPPHS (2015)

Cancer Prevalence	County[3]	Montana[3]	Nation[10]
All Sites Cancer	476.1	439.8	448.7

3 County Health Profiles, DPPHS (2015)

10 Center for Disease Control and Prevention (CDC) (2014)



3 County Health Profiles, DPPHS (2015)

MONTANA STATE UNIVERSITY
Office of Rural Health
Area Health Education Center

Mortality[9,11]	Montana	Nation
Suicide Rate per 100,000 population	23.8	12.9
Unintentional Injury Death Rate per 100,000 population	56.8	41.3
Pneumonia/Influenza Mortality per 100,000 population	13.7	15.1
Diabetes Mellitus [2] *per 100,000 population*	24.4	23.9
Leading Causes of Death	1. Heart Disease 2. Cancer 3.CLRD*	1. Heart Disease 2. Cancer 3. CLRD*

9 Center for Disease Control and Prevention (CDC), National Vital Statistics (2014)

11 Kaiser State Health Facts, National Diabetes Death Rate (2014)

**Chronic Lower Respiratory Disease*

Appendix D – Survey Cover Letter

Roosevelt Medical Center
PO Box 419
Culbertson, MT 59218
Phone 406-787-6401
Fax 406-787-6289

October 4, 2017

Dear Resident:

Participate in our Community Health Needs Assessment survey for a chance to WIN 1 of 2 $100 VISA gift cards

Roosevelt Medical Center (RMC) is partnering with the Montana Office of Rural Health (MORH) to administer a community health needs assessment survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to best serve our community. Your help is critical in determining health priorities and future needs. At the completion of the Community Health Needs Assessment, a full report detailing the survey's findings will published at http://www.rooseveltmedical.org/.

Your name has been randomly selected as a resident who lives in the RMC service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. **Participating in this survey is completely voluntary and your identity and answers will remain anonymous.** *Please note that we cannot guarantee confidentiality for any of the information you choose to share with others in your community.*

You are probably aware of many challenges rural citizens face related to health care, such as access to services and affordability. However, by completing the enclosed survey, you can help guide RMC developing comprehensive and affordable health care services to our area residents.

1. **Due date to return survey and ONE raffle ticket: November 17, 2017**
2. **Return your completed survey in the envelope provided - no stamp needed**
3. **Keep the other raffle ticket for when we announce the two winners on our website and Facebook page the week of November 20, 2017**

The numbers of winning raffle tickets for the $100 VISA cards will be announced in the Searchlight as well as on the Roosevelt Medical Center website rooseveltmedical.org and Facebook page the week of November 20, 2017. RMC is offering you this chance to win these $100 VISA cards as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting MORH with this project. If you have any questions about the survey, please call Natalie Claiborne at 406-994-6001. We believe, with your help, we can continue to improve health care services in our region.
Thank you for your assistance. We appreciate your time.

Sincerely,

Audrey Stromberg

Audrey Stromberg, Administrator
Roosevelt Medical Center

Appendix E – Survey Instrument

Community Health Services Development Survey
Culbertson, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. *If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6001.*
Participation is voluntary. You can choose not to answer any question that you do not want to answer and can stop at any time.

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

○ Very healthy ○ Healthy ○ Somewhat healthy ○ Unhealthy ○ Very unhealthy

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

- ○ Alcohol abuse/substance abuse
- ○ Cancer
- ○ Child abuse/neglect
- ○ Depression/anxiety
- ○ Diabetes
- ○ Domestic violence
- ○ Heart disease
- ○ Lack of access to healthcare
- ○ Lack of healthy recreational activities
- ○ Lack of dental care
- ○ Lack of exercise
- ○ Mental health issues
- ○ Motor vehicle accidents
- ○ Overweight/obesity
- ○ Recreation related accidents/injuries
- ○ Stroke
- ○ Tobacco use
- ○ Work related accidents/injuries
- ○ Other _____

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

- ○ Access to healthcare and other services
- ○ Affordable housing
- ○ Arts and cultural events
- ○ Availability of childcare services
- ○ Clean environment
- ○ Community involvement
- ○ Good jobs and a healthy economy
- ○ Good schools
- ○ Healthy behaviors and lifestyles
- ○ Low crime/safe neighborhoods
- ○ Low death and disease rates
- ○ Low level of domestic violence
- ○ Parks and recreation
- ○ Religious or spiritual values
- ○ Strong family life
- ○ Tolerance for diversity
- ○ Other _____

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

○ Excellent ○ Good ○ Fair ○ Poor

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

- ○ Friends/family
- ○ Healthcare provider
- ○ Mailings/newsletter
- ○ Newspaper
- ○ Presentations
- ○ Public health
- ○ Radio
- ○ Senior center
- ○ Social media/Facebook
- ○ Word of mouth/reputation
- ○ Website/internet
- ○ Other_____

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

- ○ Adult day care
- ○ Alcohol dependency support services
- ○ Audiology (ear)
- ○ Chemical dependency services
- ○ Chiropractor
- ○ County extension services
- ○ Dentist
- ○ Homemaker/CNA
- ○ Meals-on-Wheels
- ○ Mental health
- ○ Optometrist
- ○ Pharmacy
- ○ Public health
- ○ Senior center
- ○ Other_____

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

- ○ Additional outpatient services
- ○ Cultural sensitivity
- ○ Greater health education services
- ○ Improved quality of care
- ○ Interpreter services
- ○ More primary care providers
- ○ More specialists
- ○ Outpatient services expanded hours
- ○ Telemedicine
- ○ Transportation assistance
- ○ Other _____

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

- ○ Alcohol/substance abuse
- ○ Alzheimer's
- ○ Cancer
- ○ Diabetes
- ○ First aid/CPR
- ○ Fitness
- ○ Grief counseling
- ○ Health and wellness
- ○ Health insurance
- ○ Heart disease
- ○ Living will
- ○ Men's health
- ○ Mental health
- ○ Nutrition
- ○ Parenting
- ○ Prenatal
- ○ Safety/injury prevention
- ○ Smoking cessation
- ○ Weight loss
- ○ Women's health
- ○ Other_____

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

- ○ Blood sugar check
- ○ Children's checkup/Well baby
- ○ Cholesterol check
- ○ Colonoscopy
- ○ EKG (50+ years old)
- ○ Flu shot
- ○ Immunizations
- ○ Mammography
- ○ Pap smear
- ○ Prostate (PSA)
- ○ Routine blood pressure check
- ○ Routine health checkup
- ○ None
- ○ Other_____

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

- ○ Acupuncture
- ○ Alcohol/chemical/substance abuse treatment
- ○ Assisted living
- ○ Botox/microdermabrasion
- ○ Cancer care
- ○ Dental clinic
- ○ Dermatology
- ○ Diabetes education
- ○ Fitness center
- ○ Foot care clinic
- ○ Home health
- ○ Hospice
- ○ Massage therapy
- ○ OB/GYN
- ○ Optometrist
- ○ Psychiatric services
- ○ Other_____

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

○ Very important ○ Important ○ Not important ○ Don't know

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

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

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

○ Could not get an appointment	○ Had no child care	○ No insurance
○ Don't like doctors	○ It costs too much	○ Not treated with respect
○ Too long to wait for an appointment	○ Could not get off work	○ Too nervous or afraid
○ 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	○ Language barrier
○ Unsure if it was covered by health insurance	○ My insurance didn't cover it	○ Other _____

14. In the past three years, has anyone in your household received care in a hospital? (i.e.: hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care)

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

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

○ Billings	○ Glendive	○ Plentywood	○ Williston, ND
○ Culbertson	○ Miles City	○ Poplar	○ Wolf Point
○ Glasgow	○ Minot, ND	○ Sidney	○ Other_____

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

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

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

○ Yes ○ No **(If no, skip to question 20)**

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

- ○ Billings
- ○ Culbertson
- ○ Glasgow
- ○ Glendive
- ○ Miles City
- ○ Minot, ND
- ○ Plentywood
- ○ Poplar
- ○ Sidney
- ○ Williston, ND
- ○ Wolf Point
- ○ Other_____

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

- ○ Appointment availability
- ○ Clinic's reputation for quality
- ○ Closest to home
- ○ Cost of care
- ○ Indian Health Services
- ○ Length of waiting room time for clinic visit
- ○ Prefer to see an M.D.
- ○ Prior experience with clinic
- ○ Recommended by family or friends
- ○ Referred by physician or other provider
- ○ Required by insurance plan
- ○ VA/Military requirement
- ○ Other business/shopping in that town
- ○ Other _____

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

○ Yes ○ No **(If no, skip to question 23)**

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

- ○ Billings
- ○ Culbertson
- ○ Glasgow
- ○ Glendive
- ○ Miles City
- ○ Minot, ND
- ○ Plentywood
- ○ Poplar
- ○ Sidney
- ○ Williston, ND
- ○ Wolf Point
- ○ Other_____

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

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

23. The following services are available at Roosevelt Medical Center. Please rate the overall quality for each service. **(Please mark N/A if you have not used the service)**

	Excellent = 4	*Good = 3*	*Fair = 2*	*Poor = 1*	*Haven't Used = N/A*	*Don't Know = DK*
Ambulance services	○ 4	○ 3	○ 2	○ 1	○ N/A	○ DK
Diabetes education	○ 4	○ 3	○ 2	○ 1	○ N/A	○ DK
Emergency room/urgent care	○ 4	○ 3	○ 2	○ 1	○ N/A	○ DK
Inpatient services (hospital stay)	○ 4	○ 3	○ 2	○ 1	○ N/A	○ DK
Laboratory	○ 4	○ 3	○ 2	○ 1	○ N/A	○ DK
Long-term care	○ 4	○ 3	○ 2	○ 1	○ N/A	○ DK
Physical therapy	○ 4	○ 3	○ 2	○ 1	○ N/A	○ DK
Radiology	○ 4	○ 3	○ 2	○ 1	○ N/A	○ DK
Telehealth/telemedicine	○ 4	○ 3	○ 2	○ 1	○ N/A	○ DK

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

○ Yes ○ No

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

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

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

○ Yes ○ No

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

○ Agricultural Corp. Paid ○ Indian Health Services ○ State/Other
○ Employer sponsored ○ Medicaid ○ VA/Military
○ Health insurance marketplace ○ Medicare ○ None/Pay out of pocket
○ Health Savings Account ○ Medicare + Supplement ○ Other_____
○ Healthy MT Kids ○ Private insurance/private plan

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

○ Excellent ○ Good ○ Fair ○ Poor

29. How well do you understand your insurance policy?

○ Excellent ○ Good ○ Fair ○ Poor

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

- ○ Cannot afford to pay for medical insurance
- ○ Employer does not offer insurance
- ○ Choose not to have medical insurance
- ○ Other_____

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

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

Demographics

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

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

- ○ 59212 Bainville
- ○ 59213 Brockton
- ○ 59218 Culbertson
- ○ 59242 Homestead
- ○ 59247 Medicine Lake
- ○ 59254 Plentywood
- ○ 59270 Sidney
- ○ 59226 Froid
- ○ 59255 Poplar
- ○ Other _____

33. What is your gender? ○ Male ○ Female

34. What age range represents you?

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

35. What is your employment status?

- ○ Work full-time
- ○ Work part-time
- ○ Retired
- ○ Student
- ○ Collect disability
- ○ Unemployed, but looking
- ○ Self-employed/work from home
- ○ Not currently seeking employment
- ○ Other _____

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix F – Responses to Other and Comments

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

- Lack of indoor healthy recreational activities
- No eye doctor

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

- All of the above

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

- Post office bulletins (3)
- Personal experience
- Worked there 21 years
- Town flyer
- Born and raised here. It has always been here
- Live 7 miles from the town

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

- None (4)
- Physical therapy
- Mammography truck
- VA Williston, Minot
- IHS
- Fitness center
- Flu vaccine – county health
- Neurologist

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

- AA and Al-anon
- Doctors who stay longer and get to know patients and their needs
- CT scan at RMC
- Dentist, audiology
- Meals on wheels
- More specialists – mental health, drug dependency
- 24-hour clinic
- Accept the VA
- None, I think access is excellent for the size of the community

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

- None
- A recreational place for teens and adults to hang out
- Parkinson's

9. Which of the following preventative services have you used in the past year?
- All at Billings Clinic

10. What additional healthcare services would you use if available locally?
- VA
- Chiropractor
- 24-hour health care service
- Dental clinic: Plentywood; Optometrist: Wolf point

13. If yes, what were the three most important reasons why you did not receive healthcare services?
- Don't accept VA!
- Sat in waiting room for a long time

15. If yes, which hospital did your household use the MOST for hospital care?
- Yuma, AZ
- Bismarck, ND

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

18. Where was that primary healthcare provider located?
- Yuma, AZ
- Trenton Clinic, Trenton, ND (2)
- MN
- Florida

19. Why did you select the primary care provider you are currently seeing?
- Didn't have a major problem
- Offers services not available here
- At my place of work
- Stayed with a family member
- My family provider for years
- Knee surgery
- Don't have one now, she left
- Been going there for 40+ years
- Jay Left
- My primary physician
- Work in Poplar

20. In the past three years, have you or a household member seen a healthcare specialist (other than your primary care provider/family doctor) for healthcare services?
- No, but have an appointment with one in December

21. Where was the healthcare specialists seen?
    - Bismarck, ND (6)
    - Scobey
    - N/A
    - Bozeman
    - Trenton, ND
    - Williston, ND
    - Florida

22. What type of healthcare specialist was seen?
    - Colonoscopy
    - N/A
    - Our doctor
    - Heart (2)
    - Parkinson's
    - Kidney
    - Bone doctor
    - Optician
    - Retinal eye specialist

26. Has cost prohibited you from getting a prescription or taking your medication regularly?
    - Doctor visit charges are too high

27. What type of medical insurance covers the majority of your household's medical expenses?
    - AARP United Healthcare Insurance Company
    - Blue Cross/Blue Shield (3)

30. If you do NOT have medical insurance, why?
    - N/A (2)
    - I do have it!
    - IHS

35. What is your employment status?
    - Retired
    - Too sick to work
    - Unable to work

Appendix G –Key Informant Interview Questions & Notes

Key Informant Interview Questions

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

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

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

Key Informant Interview Notes

Key Informant Interview #1

Wednesday August 9, 2017
Anonymous–Via phone interview

1. What would make your community a healthier place to live?
    - A wellness center.

2. What do you think are the most important local healthcare issues?
    - We have a hospital and clinic and that's really good for the size of our town.
    - We have what we have because of the size of the community so were used to traveling for other services. Depending on the issue we know to travel to other communities for specialized services.

3. What other healthcare services are needed in the community?
    - Well a dentist and eye doctor. That also relates to the size of the town, but we're lucky to have what we have. I do all my doctoring here.

Key Informant Interview #2

Wednesday August 9, 2017
Anonymous–Via phone interview

1. What would make your community a healthier place to live?
    - I think it would be great to have more localized services. They [the hospital] just mainly treat you and send you on the way. It would just be nice to have more services local.

2. What do you think are the most important local healthcare issues?
    - Abuse of prescription drugs. They [the hospital] use pain pills to treat people too often.

- Again, more localized services so we don't have to travel. I know equipment and doctors are expensive though.

3. What other healthcare services are needed in the community?
    - I don't know if the hospital does this or not but they should have more specialized doctors over telemedicine. They did in the past and I don't know if they have it anymore. It would be nice to know about what they do or expand it.
    - Adding more specialized services and adding them to telemedicine so we don't have to travel. There's too many miles in between.

Key Informant Interview #3
Wednesday August 9, 2017
Anonymous–Via phone interview

1. What would make your community a healthier place to live?
    - Having a full-time doctor, all the time. That's the biggest thing.

2. What do you think are the most important local healthcare issues?
    - Diabetes is big in our community. So is breast cancer.

3. What other healthcare services are needed in the community?
    - I don't know. We go to Williston (ND) for anything we can't receive here.

Key Informant Interview #4
Wednesday August 24, 2017
Anonymous–Via phone interview

1. What would make your community a healthier place to live?
    - I don't know, the hospital does fine. They transfer you if they can't take care of you here. They know when to transfer.

2. What do you think are the most important local healthcare issues?
    - Drugs and alcohol are the only things that come to mind.

3. What other healthcare services are needed in the community?
    - I don't know.

Key Informant Interview #5
Wednesday August 9, 2017
Anonymous–Via phone interview

1. What would make your community a healthier place to live?
    - I guess the lack of mental health resources and alcohol abuse.

2. What do you think are the most important local healthcare issues?
    - Our area isn't covered in network with many insurance providers for everybody.
    - It's also hard to get doctors.

3. What other healthcare services are needed in the community?
    - Doctors in general. The doctors travel and they aren't always here.
    - Access to mental healthcare
    - Addiction abuse services would be nice too.
    - Pediatrician but I don't think we could with the size of our town.

Key Informant Interview #6
Wednesday August 9, 2017
Anonymous–Via phone interview

1. What would make your community a healthier place to live?
    - Having doctors or physician's assistants that stayed a longer amount of time.
    - We can't keep quality physicians here because of the size of the community or maybe there is a lack of career advancement

2. What do you think are the most important local healthcare issues?
    - Lack of emergency care and follow-up care

3. What other healthcare services are needed in the community?
    - I think we could use better access to pharmacy services.
    - Tele-med expanded with more doctors.
    - Access to a dentist.

Key Informant Interview #7
Wednesday August 9, 2017
Anonymous–Via phone interview

1. What would make your community a healthier place to live?
    - I would like to see more street lamps because of kids playing outside in the dark.

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

- Drug abuse.
- Underage drinking is something I am concerned about.

3. What other healthcare services are needed in the community?
    - I don't know.

Key Informant Interview #8

Wednesday August 10, 2017

Larry Crowder, Culbertson School District Superintendent –Via phone interview

1. What would make your community a healthier place to live?
    - Our entire community has indirect access to a weight room, tread mill, and a place that has those things at no charge. The school only requires a fingerprint background check to access a health facility. It is accessible.
    - I would also say for outdoors a walking or biking place would be nice for recreation since we don't have that.

2. What do you think are the most important local healthcare issues?
    - I don't know.

3. What other healthcare services are needed in the community?
    - I worry about mental health.
    - Addictions and addiction assistance for things like tobacco, alcohol, opioids etc.
    - We lack the specialists because we are a smaller community in comparison to other larger communities. We're just not big enough. A need doesn't command the supply.

Appendix H –Comments from Previous CHNA Report