

# DANIELS COUNTY COMMUNITY HEALTH ASSESSMENT



Mission: To promote physical and mental health; prevent disease, injury and disability, and to be prepared to respond to public health emergencies.

July 2019

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Daniels County Health Department in conjunction with Daniels Memorial Healthcare Center and a group of community stakeholders was the driving force for the Community Health Assessment. The Office of Rural Health was supportive in helping to develop the survey and tabulate the results.

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## Introduction

Daniels County is very unique in its own way under the “Big Sky”, with the majority of residents being engaged in farming and/or ranching. Daniels County has one hospital (Daniels Memorial Healthcare Center) which is a 25 bed Critical Access Hospital and Rural Health Clinic.

Daniels Memorial Healthcare Center (DMHC) serves the Daniels County population of 1,751 people spread over 1,426 square miles. DMHC is the only hospital in Daniels County and serves the communities of Scobey, Flaxville, Four Buttes, Peerless, and Whitetail; with most of the County’s populated communities located along US 13 or US 5. Daniels County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services.

The purpose of this Daniels County Community Assessment was to evaluate what issues are most essential to this small frontier community. The mission of the health department is to promote physical and mental health; prevent disease, injury and disability and to be prepared to respond to public health emergencies. Our vision is to promote, protect, and improve the health and wellness of our community.

In the fall/winter of 2018-19 a community health assessment was conducted in conjunction with a community health needs assessment for Daniels Memorial Healthcare Center, with the assistance of the Office of Rural Health. The top three findings after reviewing the results were:

- Access to Healthcare Services
- Health and Wellness
- Mental Health

**DCHD Mission:** To promote physical and mental health, prevent disease, injury, disability and to be prepared to respond to public health emergencies.

**DCHD Vision:** To have active healthy families and people of all ages, abilities and culture, who are living, learning, working and playing in Daniels County.

**DCHD Purpose:** To prevent disease and injury, promote healthier choices, protect food, water, air, and be prepared for emergencies.

**DCHD Core Competencies:** Assessment, Policy Development, Assurance

Daniels Memorial Healthcare and Daniels County Health Department participated in the Community Health Services Development (CHSD) Project administered by the Montana Office of Rural Health. Community involvement in steering committee meetings and key informant interviews enhance community engagement in the assessment process.

In the winter of 2018-19, Daniel Memorial Healthcare Center's service area was surveyed about its healthcare system. This report shows the results of the survey.

### Health Assessment Process

A Steering Committee was convened to assist Daniels Memorial Healthcare Center in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in November 2018. 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.

### Survey Methodology

#### **Survey Instrument**

In January 2019, surveys were mailed out to the residents in Daniels County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

## Sampling

Daniels Memorial Healthcare Center provided a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 592 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

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

## Information Gaps Data

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

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

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

## Limitations in Survey & Key Informant Methodology

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample. Thus, a mixture of different data collection methodologies is recommended. Conducting community 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. While key informant data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, key informant data are grouped into common themes based on our interpretation of the transcript. MORH staff facilitated key informant interviews for DMHC to ensure impartiality. Personal identifiers are not included in the key informant interview transcripts.

## Survey Implementation

In January 2019, a survey, cover letter on Daniels Memorial Healthcare Center letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed out to 592 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that Daniels Memorial Healthcare Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

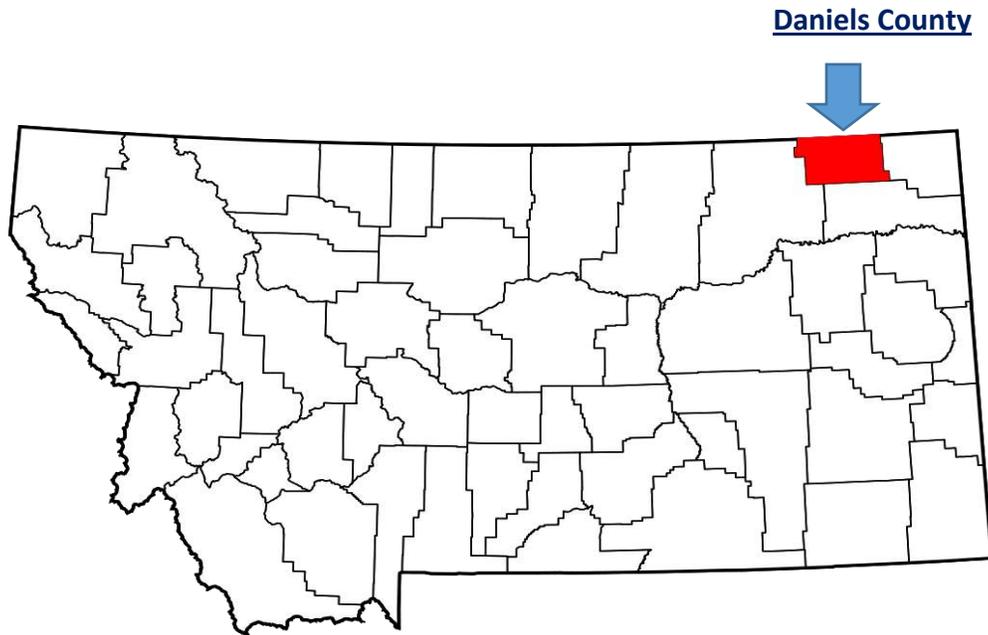
One-hundred twenty-five surveys were returned out of 592. Of those 592 surveys, 58 surveys were returned undeliverable for a 23.4% response rate. From this point on, the total number of surveys will be out of 534. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 8.63%.

## Survey Respondent Demographics

A total of 534 surveys were distributed amongst Daniels Memorial Healthcare Center’s service area. One-hundred twenty-five were completed for a 23.4% 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.

## Community Description

Daniels County is a county located in northeast corner of the state of Montana. Daniels County was created in 1920 from parts of Sheridan and Valley County. As of 2000, Daniels County was considered the most rural county in the continental United States as measured by the Index of Relative Rurality.



Mansfield Daniels, for whom the county is named, and Jake Timmons established a large ranch along the Poplar River about 15 miles south of the Canadian Border in 1901. New settlers and travelers tended to stop at the ranch so extra rooms were added to accommodate overnight guests and supplies were laid in to sell- thus the first

business in what was to become Scobey. Major Charles Robert Anderson Scobey, agent for the Fort Peck Reservation and good friend of Daniels, was instrumental in getting a post office for the new “settlement” and it was named in his honor. Soon a number of business ventures began around the new post office. In 1912 Daniels built a 20 plus room mansion, which included a ballroom, gas lighting, and waterworks. It was shortly after completion of this that he learned the Great Northern Railroad would come to his town. Unfortunately the railroad stopped on the slopes 1 1/2 miles east of town. The town began moving to the new site in the summer of 1913, so when the first train arrived on Thanksgiving Day in 1913, there was a town ready for it. Being at the end of the Great Northern rails helped Scobey become the largest primary wheat shipping point in North America in 1924. Scobey offers many recreational facilities including a senior citizen center, public swimming pool, public park, nine hole golf course, several baseball diamonds, camping facilities, bowling, roping arena, and ice skating rink. The Daniels County Museum and Pioneer Town established in 1965, sits on 20 acres just west of Scobey and has 35 buildings that been developed or restored to depict turn of the century businesses and homes. Its purpose is to collect, preserve and display Daniels County in all its forms. Daniels County has some of the best prime hunting and fishing areas in the United States. Big game hunters and bird hunters from all over the world flock to eastern Montana seeking whitetail and mule deer, antelope, pheasants, ducks, grouse and geese. Whether you are hunting, fishing or sightseeing, enjoy the wide open spaces in Daniels County’s rolling prairies and farmland.

<http://www.visitmt.com/places-to-go/cities-and-towns/scobey.htm>

In Daniels County you will be greeted with a warm smile and a welcoming attitude. Scobey is a clean peaceful, and family orientated community with no shortage of enthusiasm for sports. Considerable amount of energies are used to promote youth programs, sports, musical events, museum, fairs and rodeos. Reference: [Montana Travel Information travel planner](#)

Daniels County offers rural living and in the wide open spaces, ranching and farming in this community is common. The population as of Daniels County as of July 1, 2018 was 1747. This does represent a decrease from a population of 1751 from April 2010 – 2018 or .02%. The county seat is Scobey with a population of 1017 in the 2010 census. Also in the county is three other small towns, with Peerless 19 miles to the west of Scobey, Flaxville being 12 miles to the east of Scobey, and Whitetail being 18 miles northeast of Scobey. Daniels County has 1427 (Wikipedia) square miles with a population per square mile being 1.2 people. This compares with 6.8 persons per square mile in Montana. Reference: <http://quickfacts.census.gov/>

## County demographics:

- 93.9% of population is Caucasian (July 1, 2018)
- 0.6% of population Black or African American alone
- 2.9% of population American Indian and Alaskan Native (July 2018)
- 0.3% of population Asian alone (July 1, 2018)
- 2.3% of population two or more races (July 1, 2018)
- 48.4% of population is female (July 1, 2018)
- 51.6% of population is male (July 1, 2018)
- 5.2% of population is under 5 years (July 1, 2018)
- 21.4 % of population is under 18 years (July 1, 2018)
- 26.5% of population is 65 and over (July 1, 2018)
- 3.4% of population have another language other than English spoken (2018)
- 3.1% of population of population are foreign born (2013-2017)
- 94.2% of population high school graduate or higher, % of persons age 25+ years, 2013-2017
- 23.0% have Bachelor's degree or higher, of persons age 25+ years, 2013-2017
- 20.1% represents number the persons her household, 2013-2017



Photo courtesy of Lois Leibrand

## Daniels County and Montana Statistics

- 141 persons identified as being a Veteran, 2013-2017
- Female life expectancy in 2014 was 81.4 years.( National average is 81.5 years for females).
- Male life expectancy in 2014 was 77 years (National average for males is 76.7 years).  
Reference : [http://www.healthdata.org/sites/default/files/files/county\\_profiles/US/2015/County\\_Report\\_Daniels\\_County\\_Montana](http://www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_Daniels_County_Montana).
- 53591.00 was the mean household income, 2013-2017
- 12.3% of population are living in poverty (Montana has 16.5%)  
<http://quickfacts.census.gov/>
- 76.8% of population are owner-occupied homes. There were not any listed as homeless in Daniels County. Data from <http://quickfacts.census.gov/>

- 63.0% in civilian labor force, 16 years and older.  
Reference: <https://www.census.gov/quickfacts/fact/table/US/PST045218>

## Births

Daniels Memorial Healthcare Center no longer delivers babies, therefore, babies are born out of the county. In 2018 there were 16 births to Daniels County residents. <https://dphhs.mt.gov/statisticalinformation>

## Deaths

According to the 2018 Montana Vital Statistics, Daniels County had a total of 16 deaths. There were no fetal, infant, or maternal death in Daniels County in 2018.

## Health Concerns

125 respondents were asked about community health concerns.

Residents listed their primary health concern as:

1. Cancer (70.7%).
2. Alcohol/Substance Abuse (43.3%)
3. Depression/Anxiety (11.0%)
4. Heart Disease (53.0%)

Other health concerns included:

- overweight/obesity (31.1%)
- diabetes, stroke (20.1%)
- tobacco use (11.6%)
- lack of exercise (9.1%)
- lack of access to healthcare (55%)
- mental health issues (4.9%)
- Child abuse/neglect (0.6%)

125 respondents were asked to identify the three most important things for a healthy lifestyle.

1. Access to health care and other services (70%)
2. Good jobs and healthy economy (29.9%)
3. Strong family life (33.5%)

Other important things for a healthy lifestyle included:

- healthy behaviors and lifestyles
- religious or spiritual values
- good schools
- low crime/safe neighborhoods
- clean environment
- affordable housing
- community involvement
- transportation services
- childcare services
- low death and disease rates.
- parks and recreation

### Utilized Community Resources

125 respondents were asked which community health resources,, other than hospitals or clinic, they had used in the last three years.

- Pharmacy (86.4%)
- Dentist (79.2%)
- Chiropractor (39.2%)
- Fitness Center (20.0%)
- Senior Center (15.2%)
- Public Health (6.4%)

### Desired Local Healthcare Services

125 respondents were asked to indicate which additional healthcare services would they utilize if available locally.

- Dermatology (39.2%)
- Assisted Living (22.4%)
- Mental Health (17.6%)
- Hospice/end of life (13.6%)

### Interested in Educational Classes or Programs

125 respondents were asked if they would be interested in educational classes/programs if they were available locally.

- Health and Wellness (288%)
- Weight Loss (25.6%)
- Nutrition (21.6%)
- Women's Health (19.2%)

## Food Insecurity

125 respondents were asked to indicate if, during the last year, they had worried that they not have enough food to eat

- Three (3%) of respondents indicated that, in the last year, they did worry about having enough food

## Injury Prevention Measures

125 respondents were asked to indicate which, if any, injury prevention measure they engage in.

- Seat belts (78.45)
- Regular exercise (44.8%)
- In home safety measures- (ramps, rails, medical alert devices, etc) (16.0%)

## Medical Insurance Type

125 respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses

- Medicare (40.4%)
- Employer Sponsored (25.7%)
- Private Insurance/ private plan (7.3%)
- Medicaid (6.4%)

## Communicable Diseases

Daniels County regularly evaluates local disease surveillance on a weekly basis for communicable diseases in the county. This is done at the school, daycares, hospital, nursing home and emergency room. The surveillance is for gastrointestinal, respiratory and childhood disease signs and symptoms.

Daniels County continues to be low in sexually transmitted diseases (STDs) compared to other Frontier Counties in 2017.

- 1 case of Chlamydia
- 1 case of Hepatitis B, chronic
- 1 case of HIV/AIDS
- 1 case of Varicella (chicken pox)

## Sanitarian

Daniels County contracts with a sanitarian from Valley County for inspections on septic tanks, food establishments among other inspections in the county.

## Preventative Services

125 respondents were asked if they had utilized preventative services.

- Vision Check –every 1-2 years (73.6%)
- Dental Exam (68.8%)
- Flu Shot / Immunizations (60.8%)
- Routine blood pressure check (60.8%)
- Routine health checkup (55.2%)

Immunizations for infants to adults are available at Daniels Memorial Clinic for routine vaccines. Up to date immunization rates for children up to age three, as of December 2018, for Daniels County is 99%. Compared to 89% in 2016. Reference: Montana Immunization Program

## Behavioral Health

Due to low population behavioral health statistics for Daniels County was a challenge to find. Montana statistics were used for the behavioral health section of this assessment.

### **Suicide in Montana**

- For all age groups, Montana has ranked in the **top five** for suicide rates in the nation, for the past thirty years. **In a report for 2016 in the National Vital Statistics Report, Montana has the second highest rate of suicide in the nation** (267 suicides for a crude rate of 25.9)
- In Montana, between 2012-2016, the highest rate of suicide is among American Indians (28.5 per 100,000) although they only constitute 6% of the state's population. Caucasians are second at 23.1 per 100,000.
- Firearms (62%), suffocation (20%), and poisoning (9%) are the most common means of suicide in Montana. Other means include carbon monoxide, overdose, motor vehicles accidents, and jumping from heights.
- In Montana in 2012-16 the youth suicide (ages 11-17) rate is 12.6/100,000. This is almost triple the national rate for the same age group (4.5). *Over the last ten years, 65% of the youth suicides were completed by firearms.*

According to the 2017 Youth Risk Behavior Survey, during the 12 months before the survey, 9.5% of all Montanan students in grades 9 through 12 had made a suicide attempt and 14.8% of 7<sup>th</sup> and 8<sup>th</sup> graders. For American Indian students, 18.3% had attempted suicide one or more times in the twelve months before the survey. There is a 380% increase in suicidal ideations for students getting “D”’s compared to “A”’s.

- Suicide is the number **one** cause of preventable death in Montana for children ages 10-14
- Over the past ten years suicide is the number two cause of death for children ages 10-14, adolescents ages 15-24 and adults ages 25-44. ♦ Studies show that for every completed suicide, there are 6 survivors. Given there are approximately 220-230 suicides in Montana every year, that means there are about 1,400 new survivors every year in Montana. *A survivor of suicide is 3x the risk of completing suicide themselves.*

### **Social Factors Associated With Suicide**

Suicidal behavior is associated with a wide variety of social factors, but correlates most highly with:

- social Isolation (isolation from peers or social relationships that are troubled)
- social Disorganization (society lacks the regulatory constraints necessary to control the behavior of its members.)
- downward Social Mobility (socioeconomic)
- rural Residency

Approximately 90% of those who complete suicide suffer from mental illness.

- the most frequent diagnosis is Major Depression
- the 2nd most frequent diagnosis is Alcoholism

*Data Source: 2016 National Vital Statistics Reports (December, 2017), Montana Office of Epidemiology and Scientific Support (July,, 2018), Montana Youth Risk Behavior Survey (September, 2017)*

## Key Informant Interview Methodology

Four key informant interviews were conducted in February of 2019. Participants were identified as people living in Daniels Memorial Healthcare Center's service area. The interviews were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The interviews lasted up to 15 minutes in length and followed the same line of questioning. The interviews were conducted by the Montana Office of Rural Health

## Key Informant Interview Themes

The following key findings, themes, and health needs emerged from the responses which participants:

### **Mental Health**

Mental health was mentioned frequently as a concern. The community expressed that mental health services used to exist in Scobey, but counseling and resources are currently lacking despite an increased population identifying with mental health issues.

When discussing the lack of mental health services available, one participant said "We have some telemed psychiatric services, but they are pretty limited. Some people don't want to talk to a monitor and others don't want to admit that they have an issue and need to get help."

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### **Access to Healthcare**

Having a hospital and a modest range of services was mentioned with positivity in most interviews. Participants mentioned that having access to telehealth services was a plus.

Access to stable providers was mentioned as a concern- “It’s frustrating when people ask who your primary provider is, and you don’t know because they change so often”.

It was expressed in multiple interviews that many Scobey and surrounding area residents stay in the community for primary care and travel elsewhere for specialty services.

One participant mentioned that having a more consistent healthcare workforce and services available would make the community a healthier place to live.

### **Senior Services**

A need for more age in place services was mentioned - such as home health, transportation and in-home assistance.

Social isolation was also mentioned as a concern among seniors in the community - “Mental health is such an issue here, and we do not have the services available. I worry about the older community members who are out on the farm by themselves- they are out there alone with no resources.”

### **Services Needed in the Community**

- Mental health counselors and services
- Visiting specialists
- Chronic pain resources
- Home health and age in place services - Hospice
- Health education
- Stable medical providers - M.D. Overall impression of services and the health of the community was positive. One participant stated, “We have a social and healthy environment. There is a nice grocery store and a lot of activities so overall, I think it’s a healthy place to live.”



Photo Courtesy of Lois Leibrand

## School

Daniels County has one school and is located in Scobey. The school is Class C with an average enrollment of 222 students in grades K-12. The district has tremendous support from the community and is able to provide a wide variety of academic, fine art, vocational, and athletics programs to the students.

## Civic Organizations

Daniels County has several civic organizations that support infrastructure to promote communities activates for all ages. Many new facilities and projects have been constructed with donated funds and labor for the community without involving tax dollars.

Some examples of projects and organizations that have taken the lead on major fund raisers are:

- Scobey Swimming Pool – Scobey Alumni Foundation Inc. (SAFI)
- Friday Night Lights (lights on the football field) – Scobey Alumni Foundation Inc. (SAFI)
- Little Roar Basketball Tourney – Scobey Lion’s Club
- Scobey Community Garden – DC Health Dept. (with grants) and Eagle Scout Project (Hugh Cole)
- DC Ambulance – Radioathon – Daniels County

- Scholarships – Beacon Foundation, Lions Club, Scobey Alumni Foundation Inc. Daniels Memorial Foundation Inc.
- Richardson Theater – Beacon Foundation took over operation of theater after owner retired and possibility closing. (operated by donated time from community members,
- New Gym at the school – Funds raised by Scobey Alumni Foundation Inc. (SAFI)
- New Fire hall in Scobey (County and City)- Funds raised by community members and other civic organizations
- Wheelchairs, walkers and other medical equipment for use- American Legion Post 56
- Fjeld Skating Rink – Scobey Lions Club
- Scobey baseball field – Scobey Lions Club
- Roping Barn – Border Sports
- Baseball Fields for all ages – Scobey Baseball
- New concession stand at football field – in progress by Scobey Alumni Foundation Inc. (SAFI).

### Prioritization of Community Needs, Available Resources, and Implementation Planning Process

The community steering committee, comprised of staff leaders from Daniels Memorial Healthcare Center (DMHC), Daniels County Health Department, and community members from Daniels 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 community needs to be addressed by reviewing the CHA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise received from community representatives). The prioritized health needs as determined through the assessment process and which the collaborators will be addressing over the next three years relates to the following healthcare issues:

- Mental health
- Access to healthcare services
- Health and wellness

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

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

## Resources

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

- Scobey Schools
- Beacon Community Foundation
- Daniels County Chamber of Commerce
- Daniels County Health Department
- Ministerial Association
- Montana State University (MSU) Extension
- MSU Center for Mental Health Research and Recovery
- Montana Healthcare Foundation
- Agency for Healthcare Research and Quality (AHRQ)
- Mental Health First Aid



**Community Health Assessment compiled by Daniels County Health Department  
with the help of**

**Daniels County Health Department  
Montana State University - Office of Rural Health  
Daniels Memorial Healthcare Center - Scobey, Montana**



