

St. Luke Community Healthcare

Community Health Services Development Survey Report

Survey conducted by
St. Luke Community Healthcare
Ronan, Montana

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

March 2013



MONTANA
STATE UNIVERSITY

Office of Rural Health
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St. Luke Community Healthcare
Community Needs Assessment and Focus Groups
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St. Luke Community Healthcare Community Survey

Summary Report

March, 2013

I. Introduction

St. Luke Community Healthcare is comprised of a 25-bed Critical Access Hospital, three primary care provider clinics with visiting specialists, a 75-bed extended care facility plus a durable medical equipment service. The organization's providers offer healthcare services to the nearly 29,000 residents and visitors of Lake County and the surrounding area. St. Luke Community Healthcare, located in Ronan, Montana is located on the Flathead Reservation and in the heart of the Mission Valley. St. Luke Community Healthcare participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. A part of this project is community engagement which includes a health care service survey and focus groups.

In the fall of 2012, St. Luke Community Healthcare's service area was surveyed about its health care system. This report shows the results of the survey in both narrative and chart formats. At the end of this report, we have included a copy of the survey instrument (Appendix D). Readers are invited to familiarize themselves with the survey instrument and then look at the findings. Our narrative report touches on the highlights while the charts present data for virtually every question asked.

II. Health Assessment Process

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

III. Survey Methodology

Survey Instrument

In September 2012, surveys were mailed out to the residents in St. Luke Community Healthcare'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, and reasons for selection
- Local health care provider usage
- Services preferred locally
- Perception and satisfaction of local health care

Sampling

St. Luke Community Healthcare provided the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: Although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results). Through this initial method, 138 surveys were returned. A second sampling was done to increase the statistical significance of the data collected. Through a convenience sample distribution, an additional 22 surveys were obtained.

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

Information Gaps

Data

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

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

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

Limitations in Survey Methodology

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample, thus a mixture of different data collection methodologies is recommended. Conducting community focus groups and key informant interviews in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community

response rate. Partnering with local community organizations such as Public Health, Community Health Center, Senior Center, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey or attend focus groups.

Survey Implementation

In September, the community health services survey, a cover letter from the National Rural Health Resource Center with St. Luke Community Healthcare's Chief Executive Officer's signature on St. Luke Community Healthcare's letter head, and a postage paid reply envelope were mailed to 800 randomly selected residents in St. Luke Community Healthcare's targeted region. A news release was sent to local newspapers prior to the survey distribution announcing that St. Luke Community Healthcare would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health. An additional 300 surveys were hand distributed amongst the facilities service area to increase the response rate.

As shown in the table below, 160 surveys were returned out of 800. Of that 800, 77 surveys were returned undeliverable for a 22% response rate. From this point on, the total number of surveys will be out of 723. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.67%.

IV. Survey Respondent Demographics

A total of 800 surveys were distributed amongst St. Luke Community Healthcare's service area. One hundred and sixty were completed for a 22% 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 33)

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

Location	Zip Code	Count	Percent
Ronan	59864	68	42.5%
Polson	59860	39	24.4%
St. Ignatius	59865	19	11.9%
Pablo	59855	16	10.0%
Charlo	59824	11	6.9%
Dixon	29831	2	1.3%
Arlee	59821	0	0
No answer		5	3.1%
TOTAL		160	100%

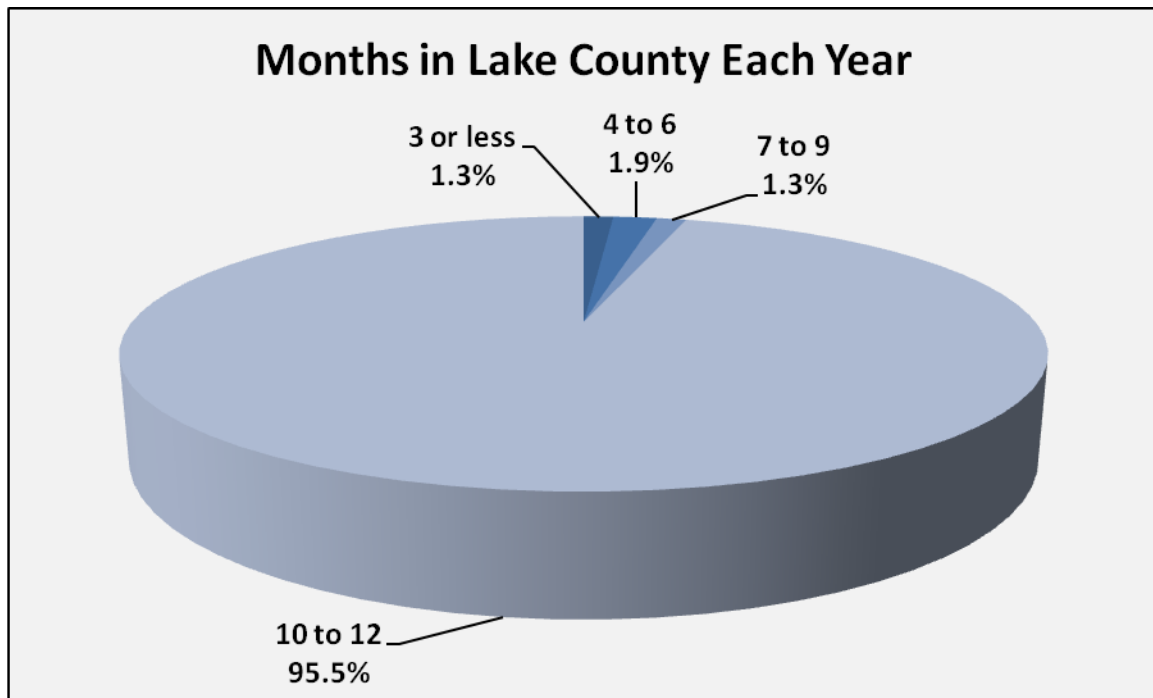
"Other" comments:

- Heaven

Months Lived in Lake County Each Year (Question 34)

N= 154

Ninety-six percent (n=147) of respondents indicated they live 10-12 months each year in Lake County. Two percent (n=3) live in Lake County 4-6 months of the year and 1.3% (n=2) each live 3 months or less, or 7-9 months. Six respondents chose not to answer this question.



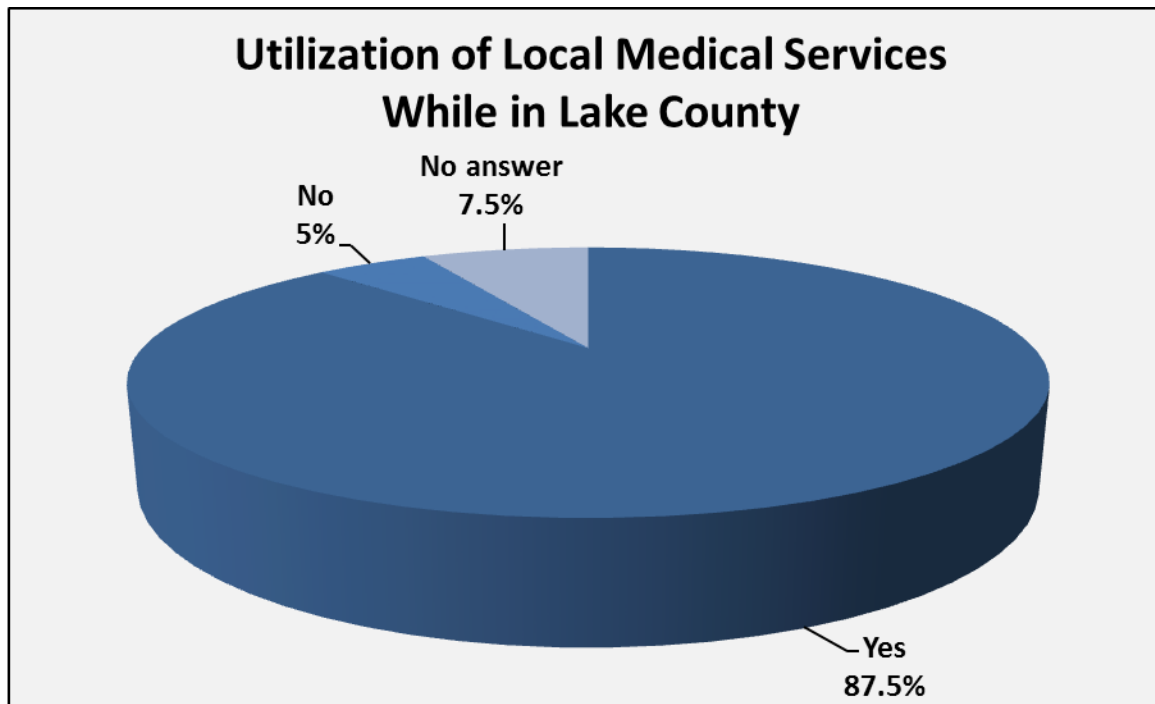
“Other” comments:

- Forever
- 12 years total

Utilization of Local Medical Services When in Lake County (Question 35)

N= 160

Eighty-eight percent (n=140) of respondents indicated they utilized local medical services when they resided in Lake County. Five percent (n=8) reported they did not utilize local medical services when in Lake County and 7.5% (n=12) chose not to answer this question.



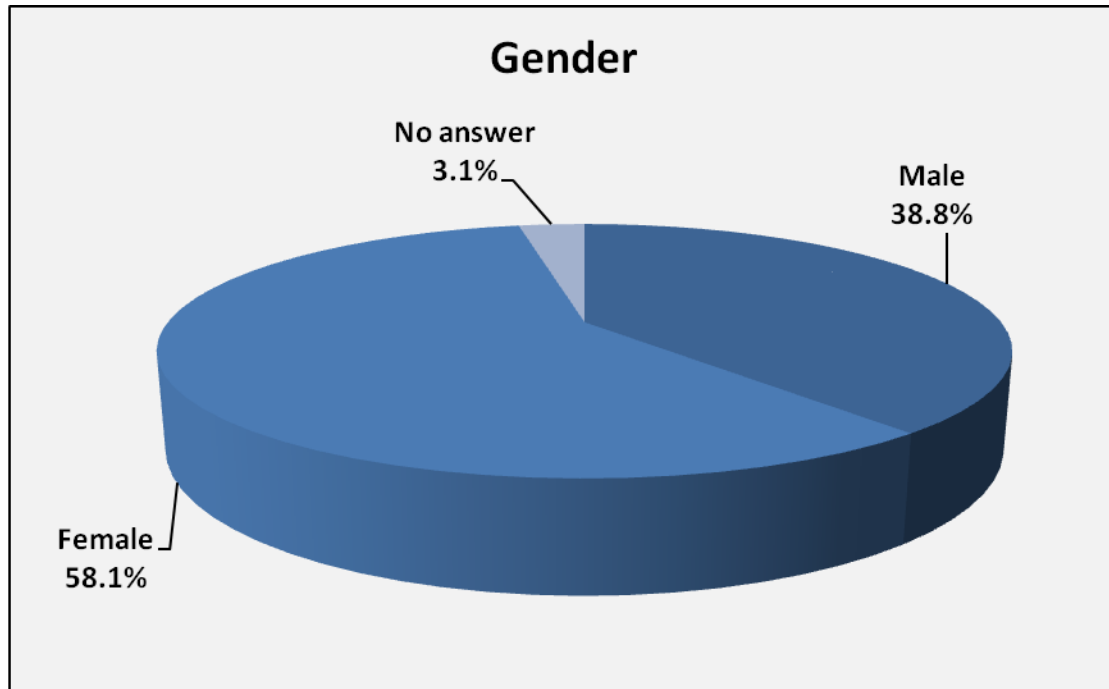
“Other” comments:

- I have, not often
- Used to
- Sometimes

Gender (Question 36)

N= 160

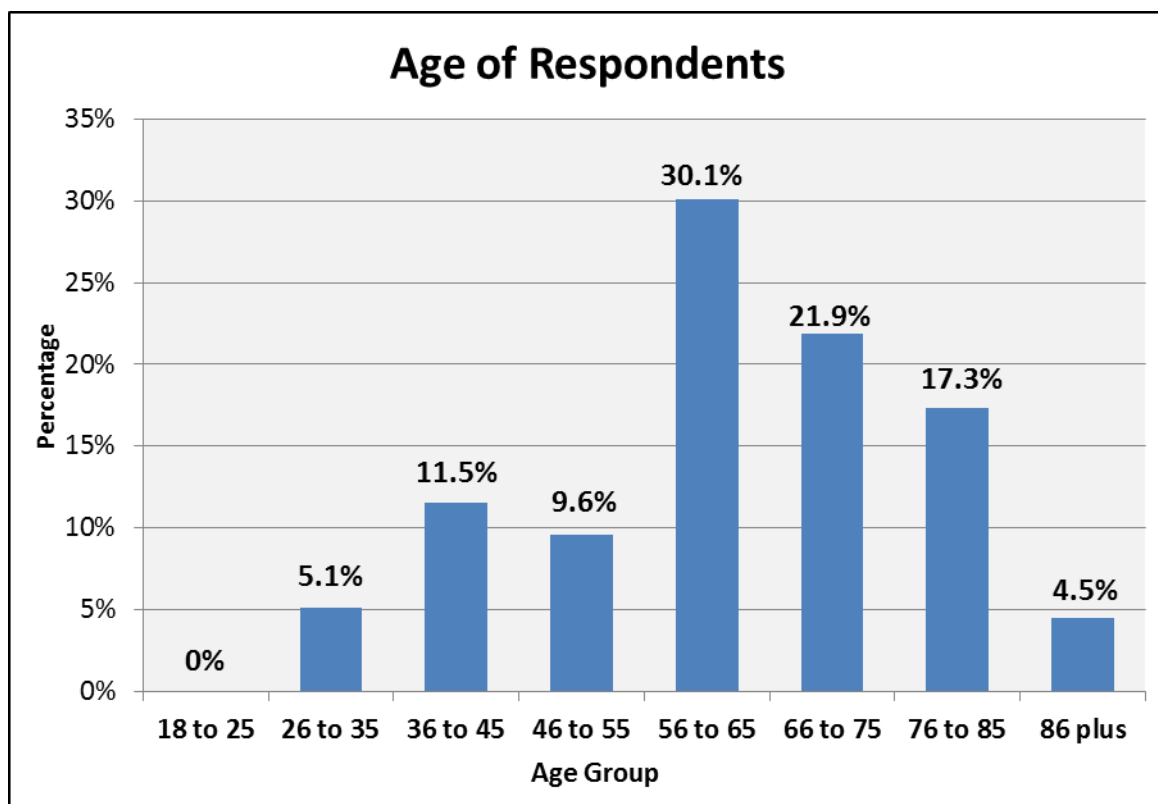
Of the 160 surveys returned, 58.1% (n=93) of survey respondents were female, 38.8% (n=62) were male, and 3.1% (n=5) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families.



Age of Respondents (Question 37)

N= 156

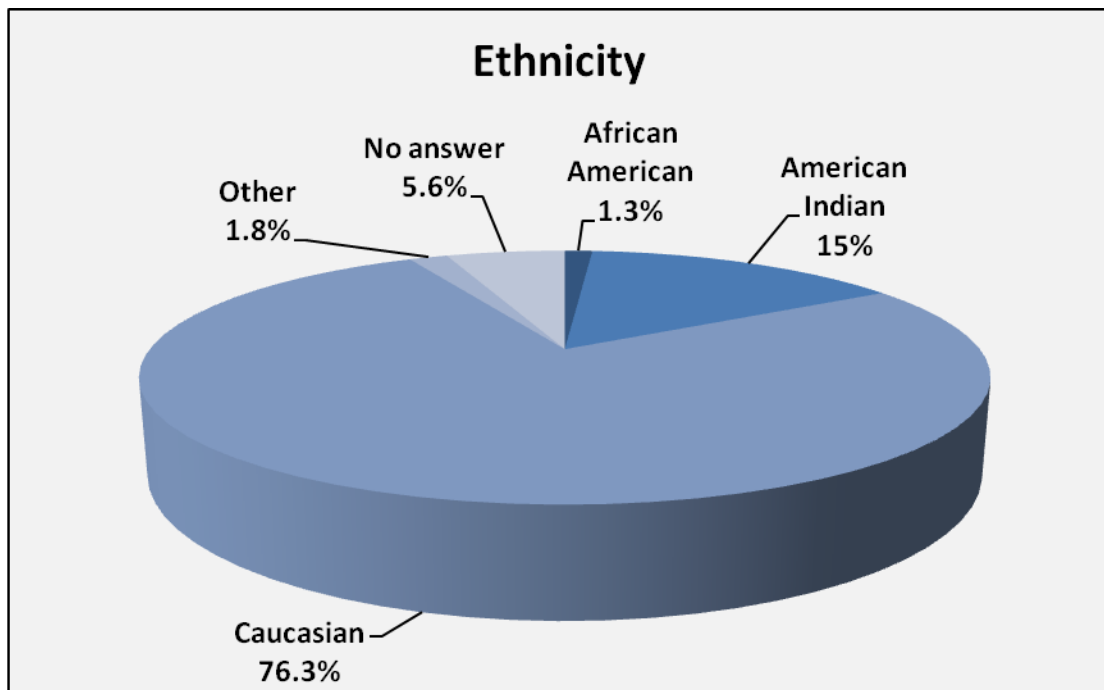
Thirty percent of respondents (n=47) were between the ages of 56-65. Twenty-two percent of respondents (n=34) were between the ages of 66-75 and 17.3% of respondents (n=27) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of elderly residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for health care services during the next 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 health care decision making, and therefore are more likely to respond to health care surveys, as reflected by this graph. Four respondents chose not to answer this question.



Ethnicity (Question 38)

N= 160

The majority of respondents, 76.3% (n=122) reported their ethnicity as Caucasian. Fifteen percent (n=24) reported their ethnicity as American Indian and 1.8% indicated “other” (n=3). Nine respondents chose not to answer this question (1.8%).



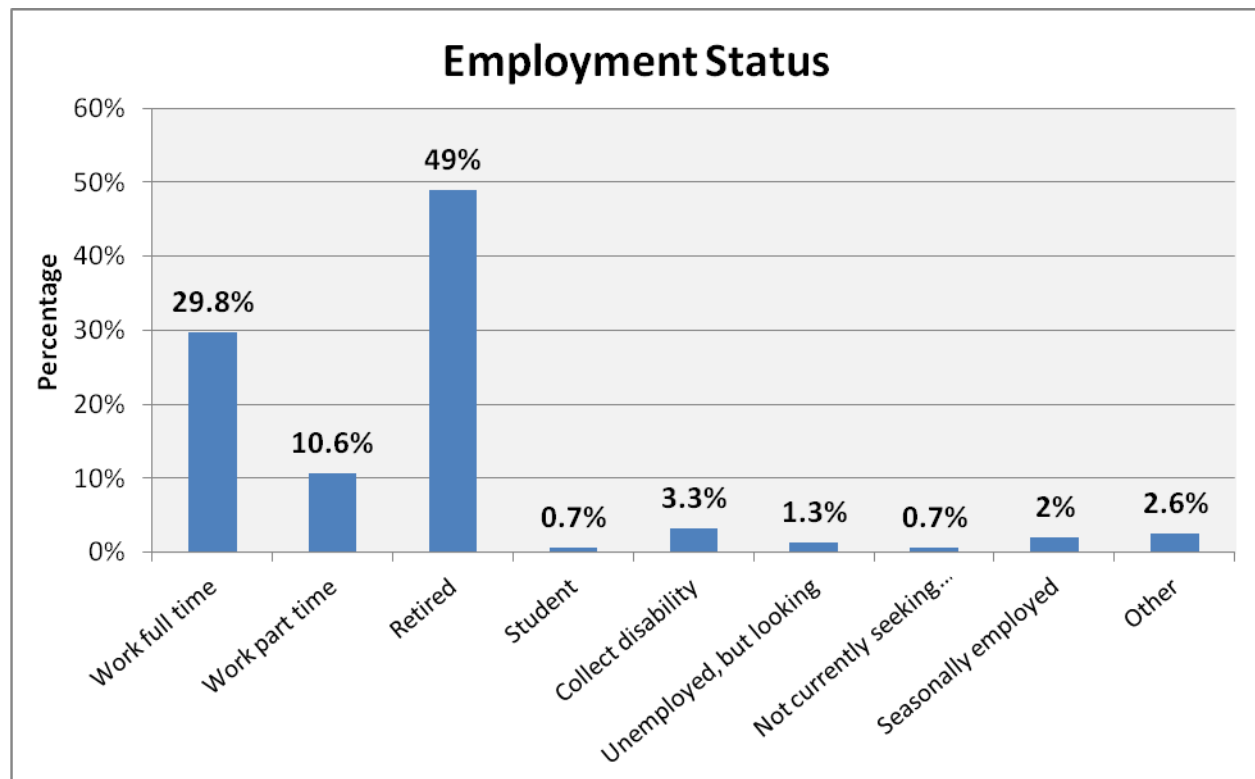
“Other” comments:

- Human being

Employment of Respondents (Question 39)

N= 151

Forty-nine percent (n=74) of respondents reported being retired, while 29.8% (n=45) work full time. Eleven percent of respondents (n=16) indicated they work part time. Nine respondents chose not to answer this question. Respondents could check all that apply, so the percentages do not equal 100%.



“Other” comments:

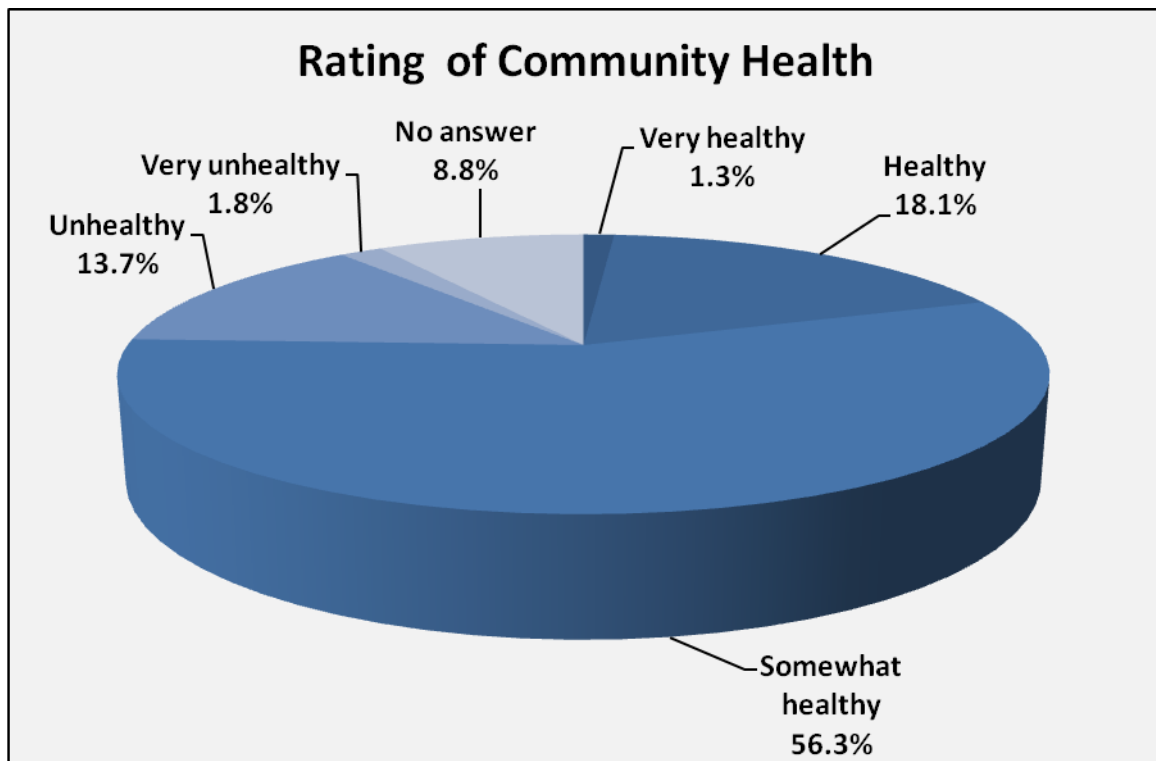
- Self-employed
- Semi-retired
- Cannot work with back pain
- I serve as an angel now!
- Stay at home mom (husband works)
- Home-maker

V. Survey Findings- Community Health

Impression of Community (Question 1)

N= 160

Respondents were asked to indicate how they would rate the general health of their community. Fifty-six percent of respondents (n=90) rated their community as “Somewhat healthy.” Eighteen percent of respondents (n=29) felt their community was “Healthy” and 13.7% (n=22) felt their community was “Unhealthy.” Fourteen respondents chose not to respond to this question (8.8%).



“Other” comments:

- How can I answer?

Health Concerns for Community (Question 2)

N= 160

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol abuse/substance abuse” at 80.6% (n=129). “Overweight/obesity” was also a high priority at 43.8% (n=70) and “Diabetes” at 30.6% (n=49). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	Count	Percent
Alcohol abuse/substance abuse	129	80.6%
Overweight/obesity	70	43.8%
Diabetes	49	30.6%
Cancer	35	21.9%
Motor vehicle accidents	29	18.1%
Lack of exercise	25	15.6%
Domestic violence	24	15.0%
Heart disease	24	15.0%
Depression/anxiety	21	13.1%
Tobacco use	19	11.9%
Nutrition	17	10.6%
Child abuse/neglect	16	10.0%
Mental health issues	12	7.5%
Lack of access to health care	8	5.0%
Stroke	5	3.1%
Lack of access to dental care	3	1.9%
Recreation related accidents/injuries	1	0.6%
Work related accidents/injuries	1	0.6%
Other	2	1.3%

“Other” comments:

- Racism
- Decent care
- Reliable care givers
- People who have no insurance and can't afford healthcare and dental – one crown is \$1,200

Components of a Healthy Community (Question 3)

N= 160

Respondents were asked to identify the three most important things for a healthy community. Forty-four percent of respondents (n=70) indicated that “Access to affordable health insurance” is important for a healthy community. “Healthy behaviors and lifestyles” was the second most indicated component at 40.6% (n=65) and third was “Good jobs and healthy economy” at 40% (n=64). Respondents were asked to identify their top three choices, thus the percentages will not add up to 100%.

Important Component	Count	Percent
Access to affordable health insurance	70	43.8%
Healthy behaviors and lifestyles	65	40.6%
Good jobs and healthy economy	64	40.0%
Access to health care and other services	55	34.4%
Strong family life	37	23.1%
High quality healthcare services	35	21.9%
Religious or spiritual values	33	20.6%
Good schools	24	15.0%
Clean environment	18	11.3%
Low crime/safe neighborhoods	16	10.0%
Tolerance for diversity	16	10.0%
Affordable housing	15	9.4%
Access to healthy foods	13	8.1%
Community involvement	10	6.3%
Maintaining tribal traditions	9	5.6%
Low death and disease rates	5	3.1%
Low level of domestic violence	5	3.1%
Parks and recreation	3	1.9%
Arts and cultural events	2	1.3%
Other	6	3.8%

“Other” comments:

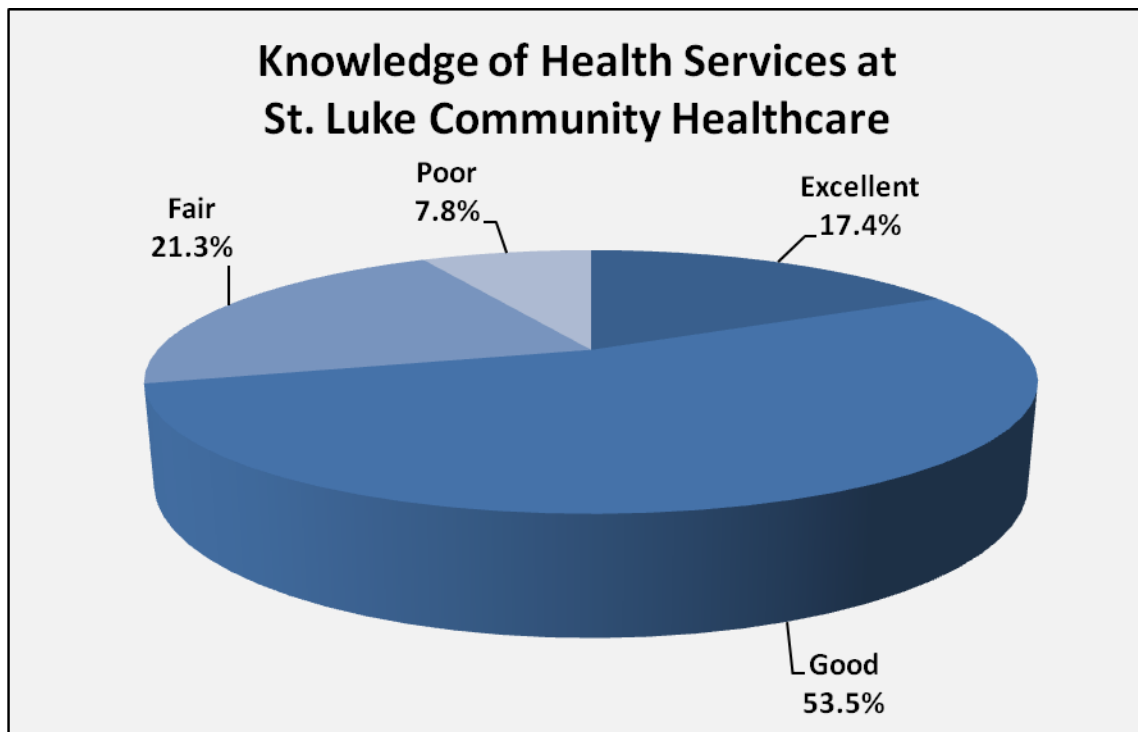
- Stop entitlements
- Knowledge
- Correct information about nutrition
- Equal rights whether non-Indian or Native American
- Respect for all, and self-respect
- Cheaper healthcare, non-government sponsored

VI. Survey Findings- Awareness of Services

Overall Awareness of St. Luke Community Healthcare's Services (Question 4)

N= 155

Respondents were asked to rate their knowledge of the healthcare services available at St. Luke Community Healthcare. Fifty-four percent (n=83) of respondents rated their knowledge of services as "Good." Twenty-one percent (n=33) rated their knowledge as "Fair" and 17.4% of respondents (n=27) rated their knowledge as "Excellent." Five respondents chose not to answer this question.



How Respondents Learn of Health Care Services (Question 5)

N= 160

“Word of mouth/reputation” was the most frequent method of learning about available services at 61.9% (n=99). Generally, “Word of mouth/reputation” is the most frequent response among rural hospital surveys. “Health care provider” and “Friends/family” were next most frequent responses at 53.8% (n=86) each. Respondents could select more than one method so percentages do not equal 100%.

Method	Count	Percent
Word of mouth/reputation	99	61.9%
Health care provider	86	53.8%
Friends/family	86	53.8%
Newspaper	55	34.4%
Mailings/newsletter	52	32.5%
Heart to Heart	28	17.5%
Radio	26	16.3%
Billboards	16	10.0%
Tribal Health	13	8.1%
Website/internet	11	6.9%
Presentations	11	6.9%
Public health department	11	6.9%
Social media	9	5.6%
Other	6	3.8%

“Other” comments:

- Names on buildings
- Personal experience
- Notice
- Salish Kootenai College (SKC) health fair
- ARCA Agency

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to look at respondents' knowledge of services available at St. Luke Community Healthcare with how they learn about services available in their community. The chart below shows the results of the cross tabulation. How respondents learned of health care services was a multiple response item thus totals do not add up to 100%.

KNOWLEDGE RATING OF ST. LUKE COMMUNITY HEALTHCARE SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTH CARE SERVICES

	Excellent	Good	Fair	Poor	Total
Health care provider	21 (25%)	47 (56%)	13 (15.5%)	3 (3.6%)	84
Mailings/newsletter	9 (17.6%)	35 (68.6%)	6 (11.8%)	1 (2%)	51
Website/internet	1 (9.1%)	7 (63.6%)	2 (18.2%)	1 (9.1%)	11
Heart to Heart	7 (25.9%)	17 (63%)	3 (11.1%)		27
Newspaper	7 (13.2%)	37 (69.8%)	8 (15.1%)	1 (1.9%)	53
Presentations	1 (9.1%)	9 (81.8%)	1 (9.1%)		11
Radio	5 (19.2%)	15 (57.7%)	5 (19.2%)	1 (3.8%)	26
Social media	1 (11.1%)	7 (77.8%)	1 (11.1%)		9
Friends/family	10 (11.8%)	51 (60%)	18 (21.2%)	6 (7.1%)	85
Word of mouth/reputation	17 (17.9%)	50 (52.6%)	21 (22.1%)	7 (7.4%)	95
Public health department	2 (18.2%)	5 (45.5%)	4 (36.4%)		11
Tribal Health		11 (84.6%)	1 (7.7%)	1 (7.7%)	13
Billboards	2 (13.3%)	8 (53.3%)	4 (26.7%)	1 (6.7%)	15
Other	1 (16.7%)	2 (33.3%)	1 (16.7%)	2 (33.3%)	6

Other Community Health Resources Utilized (Question 6)

N= 160

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 frequent community health resource cited by respondents at 78.1% (n=125). “Dentist” was utilized by 66.3% of respondents (n=106) and “Senior Center” by 22.5%, (n=36). Respondents could select more than one method so percentages do not equal 100%.

Health Resources	Count	Percent
Pharmacy	125	78.1%
Dentist	106	66.3%
Senior Center	36	22.5%
Tribal Health	28	17.5%
Alternative medicine	25	15.6%
Mental health	13	8.1%
Public health department	12	7.5%
Other	9	5.6%

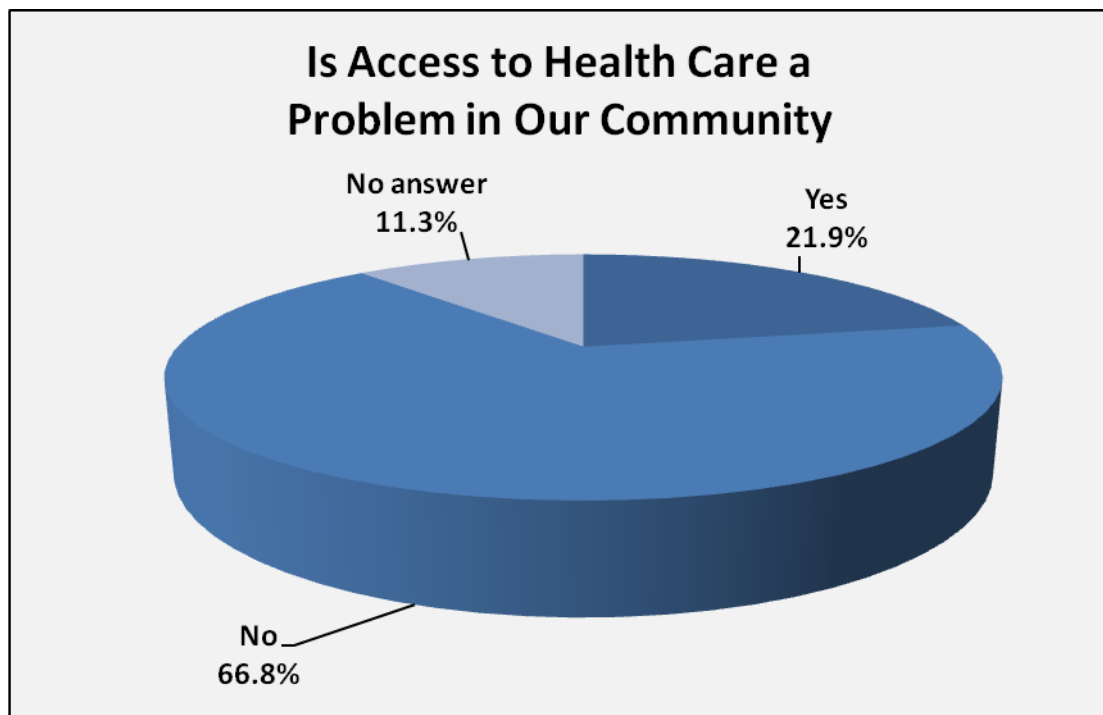
“Other” comments:

- Physical Therapy
- Veteran’s medical
- Eye doctor
- None
- Massage therapy
- NA

Access to Healthcare (Question 7)

N= 160

Respondents were asked to indicate if they felt access to health care was a problem in the community. Sixty-seven percent of respondents (n=107) did not feel access to health care was a concern. Twenty-two percent did indicate that access to health care was a problem for their community (n=35) and 11.3% of respondents (n=18) chose not to answer this question.



Improvement for Community's Access to Health Care (Question 8)

N= 160

Respondents were asked to indicate what they felt would improve their community's access to health care. Forty-one percent of respondents (n=66) reported that "More primary care providers" would make the greatest improvement. Thirty-one percent of respondents (n=50) indicated they would like "Outpatient services expanded hours" and 30% indicated "Greater health education services" (n=48). Respondents could select more than one method so percentages do not equal 100%.

Service	Count	Percent
More primary care providers	66	41.3%
Outpatient services expanded hours	50	31.3%
Greater health education services	48	30.0%
More specialists	44	27.5%
Improved quality of care	37	23.1%
24 hour nurse line	37	23.1%
Transportation assistance	31	19.4%
Doctor house calls	27	16.9%
Cultural sensitivity	17	10.6%
Telemedicine	4	2.5%
Interpreter services	0	0
Other	12	7.5%

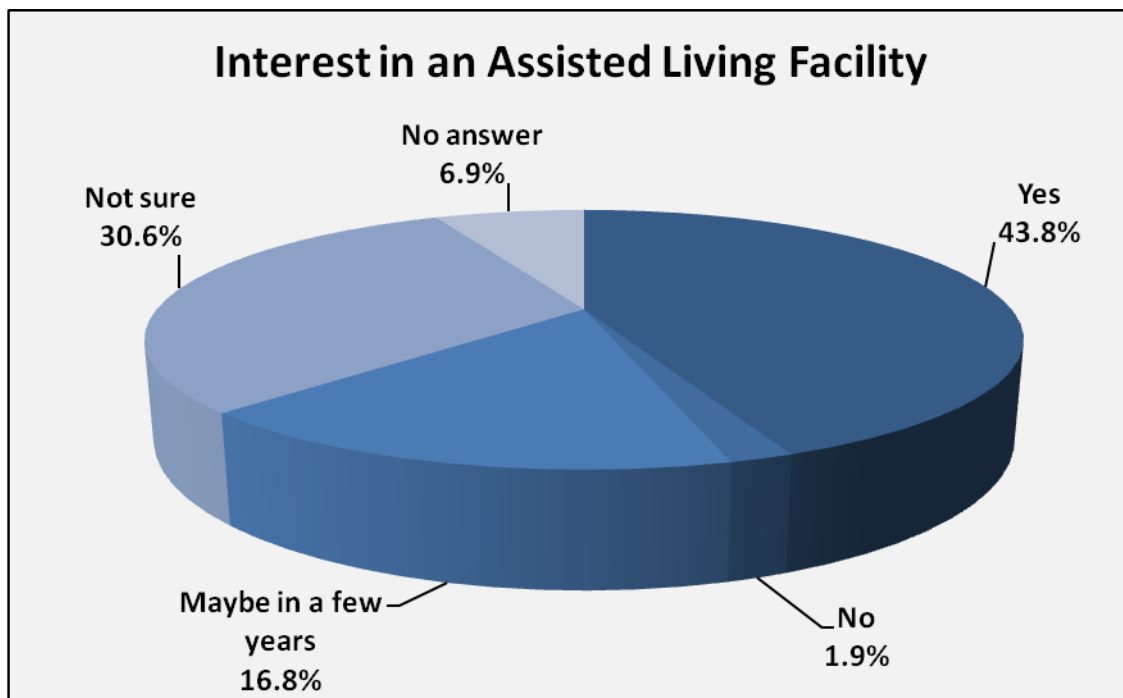
"Other" comments:

- More pamphlets put out
- Cost (2)
- Follow-up
- Assistance with another opinion
- Single payer (2)
- Train nurses and doctors the importance of life whether white or non-white
- Knowledge of funding sources
- Funding of alternative medicine
- 24-hour convenient care
- Money
- Better public awareness of services
- Access to affordable insurance

Interest in Assisted Living Facility (Question 9)

N= 160

Respondents were asked to indicate if they would be interested in an assisted living facility developed by St. Luke Community Healthcare in Ronan. Forty-four percent of respondents (n=70) indicated they would be interested. Thirty-one percent of respondents (n=49) indicated they were “Not sure,” and 16.8% (n=27) indicated “Maybe in a few years.” Eleven respondents (6.9%) chose not to answer this question.



“Other” comments:

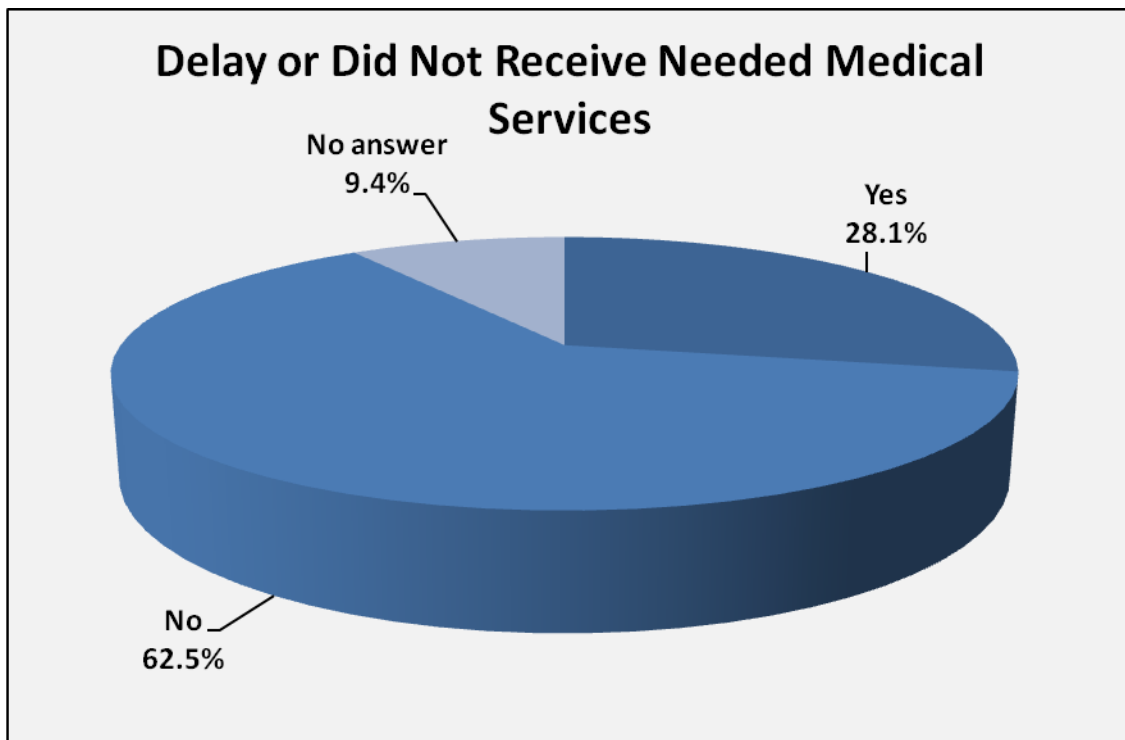
- One a person could afford

VII. Survey Findings- Use of Health Care Services

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

N= 160

Of the 160 surveys returned, 28.1% of respondents (n=45) reported that they or a member of their household thought they needed health care services, but did not get it or delayed getting it. Sixty-three percent of respondents (n=100) felt they were able to get the health care services they needed without delay and fifteen respondents (9.4%) chose not to answer this question.



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

N= 45

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “It cost too much” (60%, n=27), “Too long to wait for an appointment” (48.9%, n=22) and “Could not get an appointment” (31.1%, n=14). Respondents were asked to indicate their top three choices thus percentages do not total 100%.

Reason	Count	Percent
It costs too much	27	60.0%
Too long to wait for an appointment	22	48.9%
Could not get an appointment	14	31.1%
No insurance	13	28.9%
My insurance didn’t cover it	12	26.7%
Lack of quality providers	9	20.0%
Office wasn’t open when I could go	7	15.6%
Not treated with respect	5	11.1%
Unsure if services were available	3	6.7%
Provider not culturally sensitive	3	6.7%
Transportation problems	3	6.7%
Could not get off work	2	4.4%
Didn’t know where to go	2	4.4%
No quality care available	2	4.4%
Too nervous or afraid	2	4.4%
Lack of privacy/confidentiality	0	0
It was too far to go	0	0
Language barrier	0	0
No child care	0	0
Other	4	8.9%

“Other” comments:

- Discriminative doctor
- [No insurance] for kids
- NA
- 2-hour long wait to see a doctor, even for an ear appointment

Preventative Testing (Question 12)

N= 160

Respondents were asked if they had utilized any of the preventative testing services listed in the past year. “Routine blood pressure check” was the highest response being selected by 60% of respondents (n=96). Fifty-seven percent of respondents (n=91) indicated they received a “Flu shot” and 52.5% of respondents (n=84) had a “Routine health checkup”. Respondents could check all that apply thus the percentages will not equal 100%.

Service	Count	Percent
Routine blood pressure check	96	60.0%
Flu shot	91	56.9%
Routine health checkup	84	52.5%
Cholesterol check	81	50.6%
Mammography	50	31.3%
Pap smear	34	21.3%
Health fair	32	20.0%
Prostate (PSA)	31	19.4%
Colonoscopy	29	18.1%
None	11	6.9%
Children’s checkup/Well baby	7	4.4%
Sports physical	6	3.8%
Work-related physical	5	3.1%
Nutritional risk assessment	2	1.3%
Other	5	3.1%

“Other” comments:

- Physical Therapy
- COP therapy and back pain
- Bone scan
- INR (International Normalized Ration; for blood clotting time). I take Coumadin
- Diabetes
- Blood Thinning Check-up

Desired Local Health Care Services (Question 13)

N= 160

Respondents were asked to indicate which health care professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having an “Assisted living center” at 31.3% (n=50) followed by “Oncology (cancer services)” at 30% (n=48), and “Ask a Nurse” at 23.8% (n=38). Respondents could check all that apply, so percentages do not equal 100%.

Service	Count	Percent
Assisted living center	50	31.3%
Oncology (cancer services)	48	30.0%
Ask a Nurse	38	23.8%
Dialysis	36	22.5%
Chronic disease group visits	8	5.0%
Other	2	1.3%

“Other” comments:

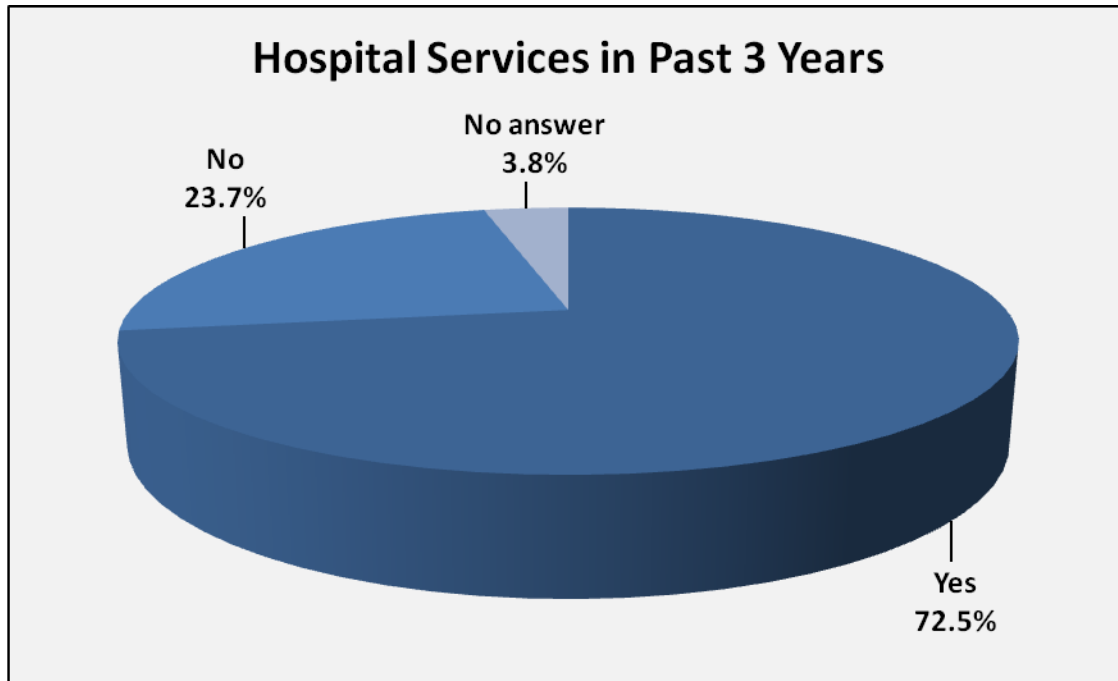
- N/A
- Better treatment engaged during sickness

VIII. Survey Findings- Hospital Care

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

N= 160

Seventy-three percent of respondents (n=116) reported that they or a member of their family had received hospital care during the previous three years. Twenty-four percent (n=38) had not received hospital services and 3.8% of respondents (n=6) did not answer this question.



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

N= 116

Of the 116 respondents who indicated receiving hospital care in the previous three years, 55% (n=55) reported receiving care at St. Luke Community Healthcare. Thirteen percent of respondents (n=13) went to St. Patrick Hospital and Health Science Center and 12% of respondents (n=12) utilized services from St. Joseph Medical Center. Sixteen of the 116 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	Count	Percent
St. Luke Community Healthcare	55	55%
St. Patrick Hospital and Health Science Center	13	13%
St. Joseph Medical Center	12	12%
Kalispell Regional Medical Center	9	9%
Community Medical Center	7	7%
Other	4	4%
TOTAL	100	100%

“Other” comments:

- Missoula Bone and Joint
- It depends on the illness/problem
- VA – Ft. Harrison (2)

Reasons for Selecting the Hospital Used (Question 16)

N= 116

Of the 116 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 56.9% (n=66). “Prior experience with hospital” was selected by 50% of the respondents (n=58) and 42.2% (n=49) selected “Referred by physician.” Note that respondents were asked to select the top three answers which influenced their choices, therefore the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	66	56.9%
Prior experience with hospital	58	50.0%
Referred by physician	49	42.2%
Hospital's reputation for quality	46	39.7%
Emergency, no choice	30	25.9%
Recommended by family or friends	14	12.1%
Required by insurance plan	10	8.6%
VA/Military requirement	5	4.3%
Cost of care	4	3.4%
Closest to work	4	3.4%
Employee discount offered	4	3.4%
Other	8	6.9%

“Other” comments:

- No neurosurgeon at St. Luke
- No ride
- Expertise
- Better treatment – no racism
- Heart specialists
- Where the surgeon was
- Dr. Cara Harrop

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	St Luke Community Healthcare	Kalispell Regional Medical Center	Community Medical Center	St Joseph Medical Center	St Patrick Hospital and Health Sciences Center	Other	Total
Ronan 59864	33 (78.6%)	4 (9.5%)			4 (9.5%)	1 (2.4%)	42
Charlo 59824	5 (71.4%)				2 (28.6%)		7
Polson 59860	5 (19.2%)	4 (15.4%)	2 (7.7%)	10 (38.5%)	3 (11.5%)	2 (7.7%)	26
Pablo 59855	6 (60%)		1 (10%)	2 (20%)		1 (10%)	10
St Ignatius 59865	4 (36.4%)	1 (9.1%)	4 (36.4%)		2 (18.2%)		11
Arlee 59821							0
Dixon 59831					2 (100%)		2
TOTAL	53 (54.1%)	9 (9.2%)	7 (7.1%)	12 (12.2%)	13 (13.3%)	4 (4.1%)	98

Cross Tabulation of Hospital and Reason Selected

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

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

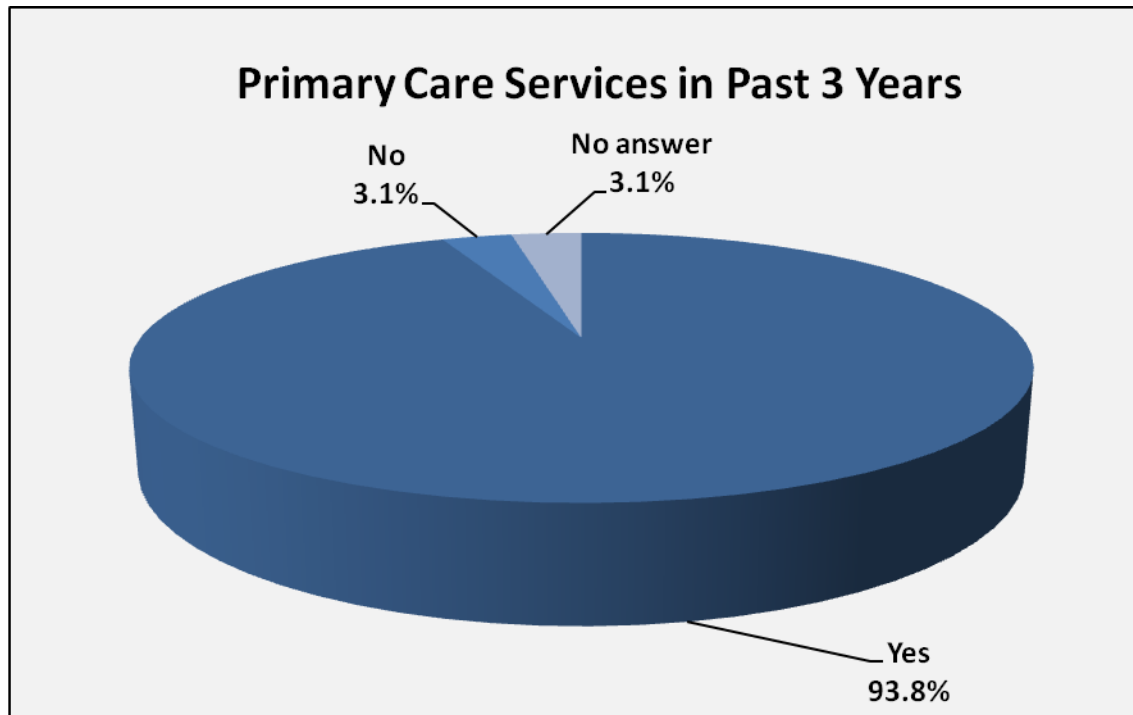
	St Luke Community Healthcare	Kalispell Regional Medical Center	Community Medical Center	St Joseph Medical Center	St Patrick Hospital and Health Sciences Center	Other	Total
Cost of care	2 (50%)		1 (25%)	1 (25%)			4
Closest to home	45 (76.3%)		1 (1.7%)	11 (18.6%)	2 (3.4%)		59
Closest to work	3 (100%)						3
Emergency, no choice	15 (65.2%)		2 (8.7%)	2 (8.7%)	4 (17.4%)		23
Hospital's reputation for quality	22 (50%)	3 (6.8%)	4 (9.1%)	3 (6.8%)	11 (25%)	1 (2.3%)	44
Employee discount offered	2 (50%)			1 (25%)	1 (25%)		4
Prior experience with hospital	26 (50%)	5 (9.6%)	5 (9.6%)	7 (13.5%)	7 (13.5%)	2 (3.8%)	52
Recommended by family or friends	6 (46.2%)	1 (7.7%)	2 (15.4%)	1 (7.7%)	3 (23.1%)		13
Referred by physician	19 (47.5%)	7 (17.5%)	2 (5%)	5 (12.5%)	6 (15%)	2 (2.5%)	40
Required by insurance plan	4 (50%)	2 (25%)		1 (12.5%)		1 (12.5%)	8
VA/Military requirement		1 (25%)		1 (25%)	1 (25%)	1 (25%)	4
Other	4 (66.7%)	1 (16.7%)			1 (16.7%)		6

IX. Survey Findings- Primary Care

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

N= 160

Ninety-four percent of respondents (n=150) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant or nurse practitioner) for health care services in the past three years. Three percent (n=5) indicated they did not receive services and another 3.1% of respondents (n=5) chose not to answer this question.



“Other” comments:

- Don't have one

Location of Primary Care Provider (Question 18)

N= 150

Of the 150 respondents who indicated receiving primary care services in the previous three years, 53.1% (n=69) reported receiving care at St. Luke Community Clinic in Ronan. Twelve percent of respondents (n=16) went to St. Luke Community Clinic in Polson and 10% of respondents (n=13) utilized primary care services at St. Joseph Medical Clinic in Polson. Twenty of the 150 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	Count	Percent
St. Luke Community Clinic – Ronan	69	53.1%
St. Luke Community Clinic – Polson	16	12.3%
St. Joseph Medical Clinic – Polson	13	10.0%
Polson Health (KRMCC)	9	6.9%
St. Luke Community Clinic – St. Ignatius	5	3.8%
Tribal Clinics	4	3.1%
St. Joseph Medical Clinic – Ronan	2	1.5%
Other	12	9.1%
TOTAL	130	100%

“Other” comments:

- Big Fork
- St. Patrick Hospital – Missoula
- Hot Springs
- Physician
- Community Hospital doctor in Missoula
- Garden Wall Clinic – St. Ignatius
- VA Clinics (2)
- Blue Mountain Clinic – Missoula
- Missoula (2)
- Private practice
- Kalispell Regional Medical Center – Kalispell
- Community Health Care – Missoula

Reasons for Selection of Primary Care Provider (Question 19)

N= 150

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” (50.7%, n=76) was the top response followed by “Prior experience with clinic” (43.3%, n=65) and “Recommended by family or friends” (31.3%, n=47). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	76	50.7%
Prior experience with clinic	65	43.3%
Recommended by family or friends	47	31.3%
Clinic’s reputation for quality	38	25.3%
Appointment availability	29	19.3%
Referred by physician or other provider	23	15.3%
Length of waiting room time	15	10.0%
Preferred/required by insurance plan	13	8.7%
Indian Health Services/Tribal Health	10	6.7%
VA/Military requirement	6	4.0%
Cost of care	5	3.3%
Employee discount offered	2	1.3%
Other	7	4.7%

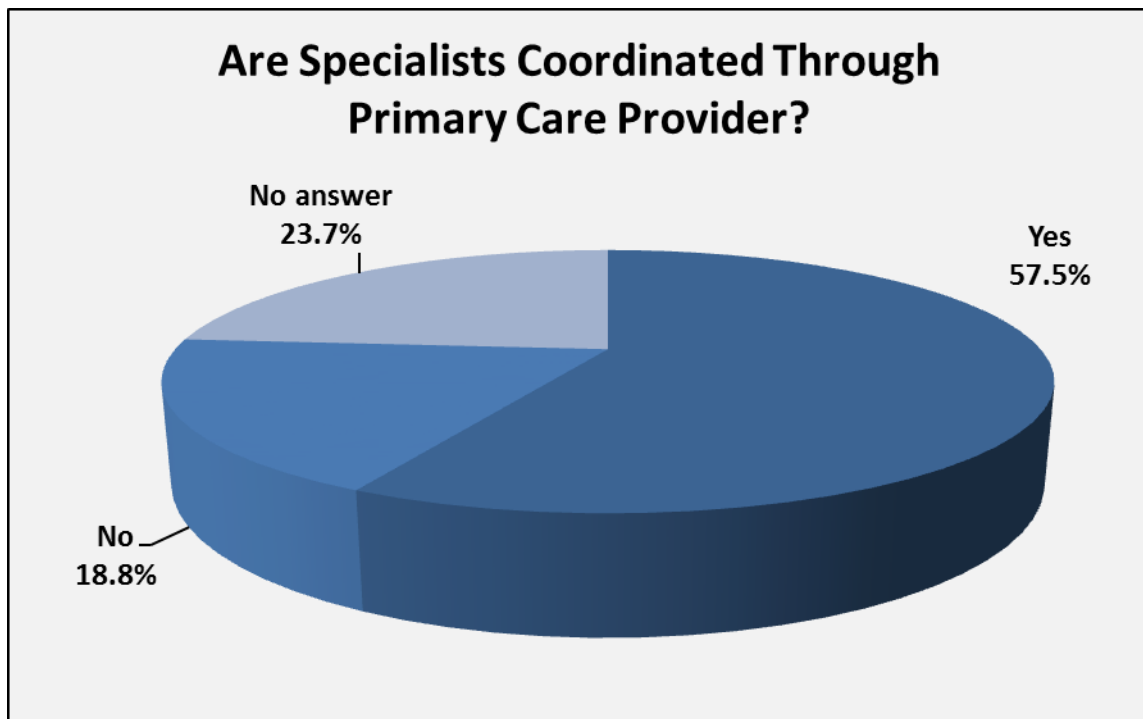
“Other” comments:

- Doctors are good with elderly patients
- Dr. V is the best!
- Love my provider
- Respect
- Provider changed locations
- Came after Dr. McDonald retired
- No other choice, prefer St. Luke
- Dr. Cara Harrop

Coordination of Care (Question 20)

N= 160

Respondents that see a variety of specialists for their healthcare needs were asked whether they are coordinated through their primary care provider. Fifty-eight percent of respondents (n=92) indicated that their specialty healthcare needs are coordinated through their primary care provider. Nineteen percent (n=30) indicated that they were not and 23.7% (n=38) did not answer this question.



“Other” comments:

- N/A

Cross Tabulation of Primary Care and Residence

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

LOCATION OF CLINIC MOST UTILIZED BY RESIDENCE

	St Luke Community Clinic Ronan	St Luke Community Clinic Polson	St Luke Community Clinic St Ignatius	Tribal Clinics	St Joseph Medical Clinic Ronan	St Joseph Medical Clinic Polson	Polson Health (KRMHC)	Other	Total
Ronan 59864	44 (80%)	4 (7.3%)		2 (3.6%)	1 (1.8%)		1 (1.8%)	3 (5.5%)	55
Charlo 59824	7 (63.6%)	1 (9.1%)			1 (9.1%)			2 (18.2%)	11
Polson 59860	2 (6.5%)	9 (29%)				11 (35.5%)	7 (22.6%)	2 (6.5%)	31
Pablo 59855	10 (66.7%)		2 (13.3%)			2 (13.3%)	1 (6.7%)		15
St Ignatius 59865	4 (28.6%)	1 (7.1%)	3 (21.4%)	2 (14.3%)				4 (28.6%)	14
Arlee 59821									0
Dixon 59831	1 (50%)							1 (50%)	2
TOTAL	68 (53.1%)	15 (11.7%)	5 (3.9%)	4 (3.1%)	2 (1.6%)	13 (10.2%)	9 (7%)	12 (9.4%)	128

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

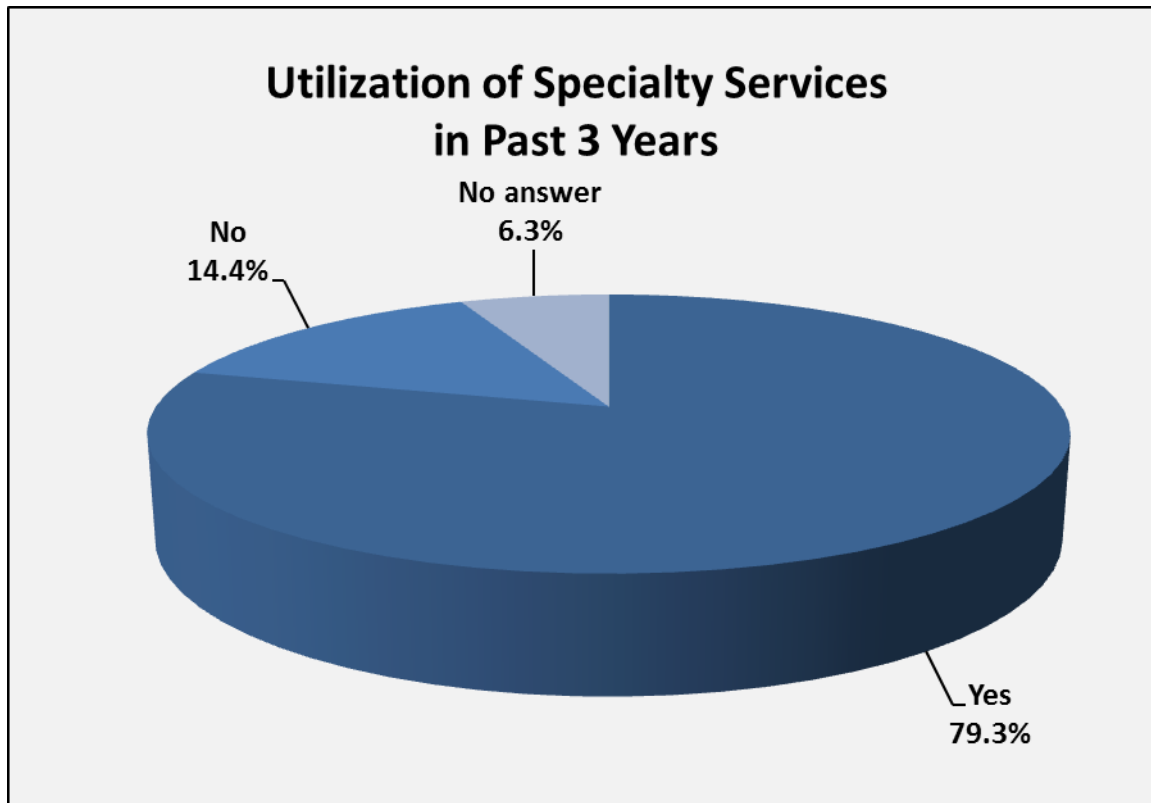
	St Luke Community Clinic Ronan	St Luke Community Clinic Polson	St Luke Community Clinic St Ignatius	Tribal Clinics	St Joseph Medical Clinic Ronan	St Joseph Medical Clinic Polson	Polson Health (KRMC)	Other	Total
Appointment availability	14 (58.3%)		1 (4.2%)	1 (4.2%)	2 (8.3%)	2 (8.3%)	1 (4.2%)	3 (12.5%)	24
Clinic's reputation for quality	15 (44.1%)	5 (14.7%)	1 (2.9%)	1 (2.9%)		4 (11.8%)	1 (2.9%)	7 (20.6%)	34
Closest to home	42 (63.6%)	4 (6.1%)	4 (6.1%)	1 (1.5%)	1 (1.5%)	10 (15.2%)	2 (3%)	2 (3%)	66
Cost of care	1 (33.3%)			1 (33.3%)				1 (33.3%)	3
Length of waiting room time	8 (61.5%)	1 (7.7%)		1 (7.7%)	1 (7.7%)		1 (7.7%)	1 (7.7%)	13
Prior experience with clinic	29 (51.8%)	5 (8.9%)	3 (5.4%)	1 (1.8%)		6 (10.7%)	3 (5.4%)	9 (16.1%)	56
Recommended by family or friends	19 (45.2%)	8 (19%)	1 (2.4%)		1 (2.4%)	6 (14.3%)	4 (9.5%)	3 (7.1%)	42
Referred by physician or other provider	10 (55.6%)	1 (5.6%)	1 (5.6%)			5 (27.8%)	1 (5.6%)		18
Preferred/required by insurance plan	7 (70%)	2 (20%)		1 (10%)					10
VA/Military requirement	2 (66.7%)							1 (33.3%)	3
Indian Health Services/Tribal Health		1 (14.3%)		4 (57.1%)		2 (28.6%)			7
Employee discount offered	1 (50%)					1 (50%)			2
Other	4 (66.7%)	1 (16.7%)					1 (16.7%)		6

X. Survey Findings- Specialty Care

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

N= 160

Seventy-nine percent of the respondents (n=127) indicated they or a household member had seen a health care specialist during the past three years. Fourteen percent (n=23) indicated they had not seen a specialist and ten respondents (6.3%) chose not to answer this question.



Type of Health Care Specialist Seen (Question 22)

N= 127

The respondents saw a wide array of health care specialists. The most frequently indicated specialist was a “Dentist” at 57.5% of respondents (n=73) having utilized their services. “Optometrist” was the second most utilized specialist at 36.2% (n=46) and “Cardiologist” was third at 26.8% (n=34).

Respondents were asked to choose all that apply so percentages will not equal 100%.

Health Care Specialist	Count	Percent
Dentist	73	57.5%
Optometrist	46	36.2%
Cardiologist	34	26.8%
Dermatologist	33	26.0%
Physical therapist	31	24.4%
Chiropractor	27	21.3%
Orthopedist	23	18.1%
Radiologist	22	17.3%
General surgeon	18	14.2%
Massage therapist	18	14.2%
OB/GYN	17	13.4%
Gastroenterologist	14	11.0%
ENT (ear/nose/throat)	12	9.4%
Neurologist	10	7.9%
Oncologist	10	7.9%
Rheumatologist	10	7.9%
Acupuncturist	9	7.1%
Dietician/nutritionist	8	6.3%
Mental health counselor	8	6.3%
Endocrinologist	7	5.5%
Pulmonologist	7	5.5%
Urologist	6	4.7%
Allergist	5	3.9%
Neurosurgeon	5	3.9%
Occupational therapist	4	3.1%
Plastic surgeon	4	3.1%
Psychologist	4	3.1%
Podiatrist	3	2.4%
Psychiatrist (M.D.)	3	2.4%
Social worker	3	2.4%
Traditional healer	2	1.6%
Geriatrician	1	0.8%
Pediatrician	1	0.8%
Speech therapist	1	0.8%
Substance abuse counselor	1	0.8%
Other	11	8.7%

“Other” comments

- Orthopedic surgeon
- Diabetic Type 1 – Doctor in Missoula
- Cardiac surgeon
- Hearing
- Vascular surgeon
- Nephrologist
- Hand surgeon
- Breast surgeon
- Ophthalmologist
- Eyes (Laser Surgery)

Location of Health Care Specialist (Question 23)

N= 127

Of those respondents who indicated they saw a health care specialist, 48.8% (n=62) saw one in Ronan. Thirty-six percent of respondents (n=46) indicated they saw a specialist in Missoula (other than St. Patrick Hospital or Community Medical Center) and 32.3% (n=41) utilized specialty services in Polson. Respondents could select more than one location therefore percentages do not equal 100%.

Location	Count	Percent
Ronan	62	48.8%
Missoula other	46	36.2%
Polson	41	32.3%
St. Patrick Hospital – Missoula	38	29.9%
Kalispell	33	26.0%
Community Medical Center – Missoula	23	18.1%
Other	19	15.0%

“Other” comments:

- St. Ignatius (5)
- Optometrist
- Helena (4)
- Bone and Joint
- Glacier
- California

Overall Quality of Care at St. Luke Community Healthcare (Question 24)

N= 160

Respondents were asked to rate a variety of aspects of the overall care provided at St. Luke Community Healthcare. Respondents were asked to rate the services using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor and “Don’t know/haven’t used.” The sums of the average scores were then calculated with “Physical therapy” receiving the top average score of 3.5 out of 4.0. “Radiology/imaging (x-ray/ultrasound)” received 3.4 out of 4.0 and “Hearing center” and “Clinic-Polson” both received 3.3. The total average score was 3.1, indicating the overall services of the hospital to be “Good”.

	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Haven’t Used	Total	Average
Cardiopulmonary services	13	14	5	1	98	160	3.2
Clinic – Ronan	28	51	12	6	41	160	3.0
Clinic – Polson	20	23	2	2	81	160	3.3
Clinic – St. Ignatius	9	9	5	0	94	160	3.2
Emergency room	30	34	11	9	55	160	3.0
Extended care facility (nursing home)	9	8	1	4	101	160	3.0
Hearing center	7	4	1	1	112	160	3.3
Home oxygen and medical equipment	4	4	1	2	110	160	2.9
Inpatient hospital services	13	22	5	5	80	160	3.0
Laboratory	38	38	9	7	45	160	3.2
Physical therapy	32	13	3	2	75	160	3.5
Radiology/imaging (x-ray/ultrasound)	45	30	4	4	51	160	3.4
Surgical services	16	16	3	2	90	160	3.2
Urgent care	25	22	13	10	63	160	2.9
TOTAL	289	288	75	55			3.1

“Other” comments:

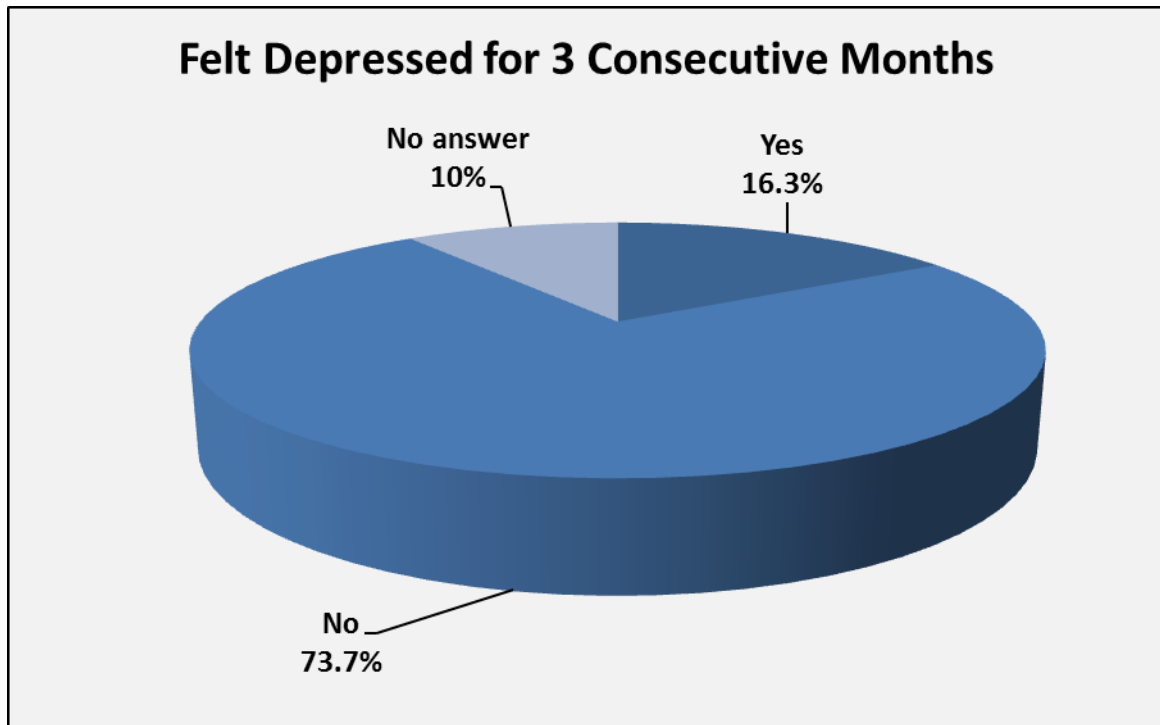
- [Laboratory] – did wrong test
- [Laboratory] – cost too much
- [Radiology/Imaging] – cost too much
- [Urgent care] – cost too much
- [Emergency room] – visited sister

XI. Survey Findings- Personal Health & Health Insurance

Prevalence of Depression (Question 25)

N= 160

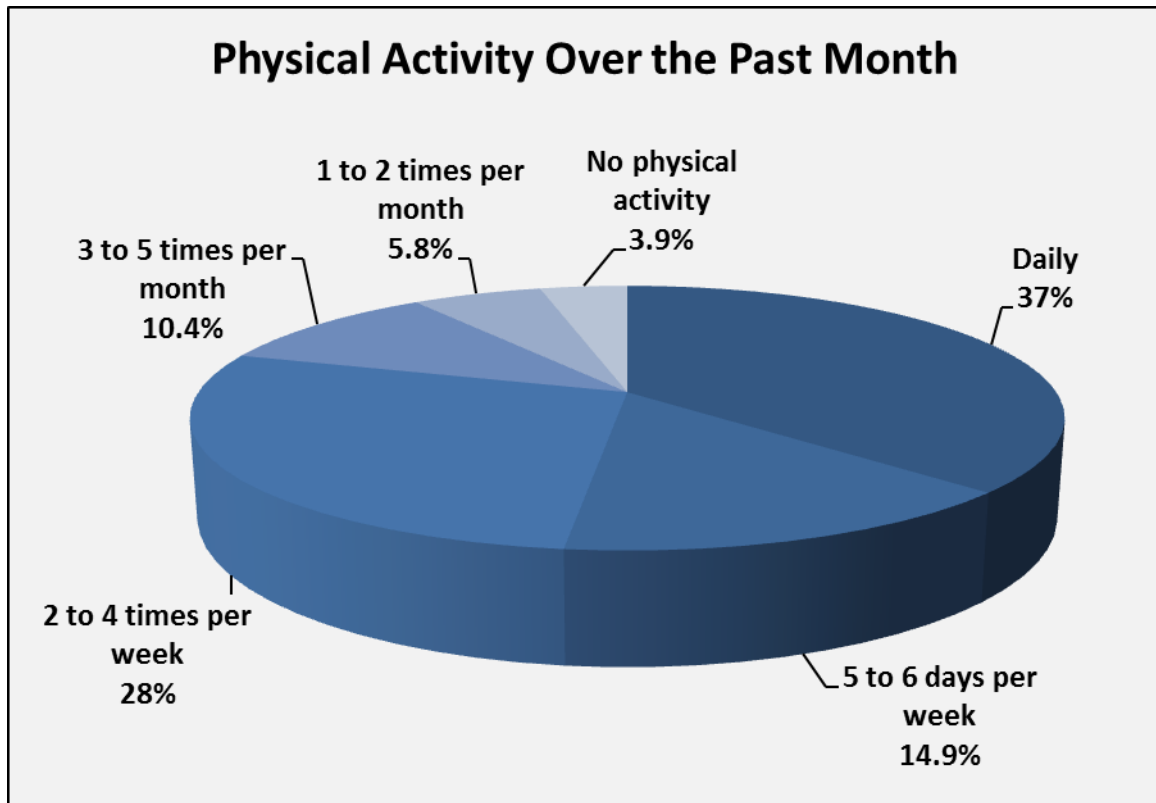
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Sixteen percent of respondents (n=26) indicated they had experienced periods of feeling depressed and 73.7% of respondents (n=118) indicated they had not. Sixteen respondents (10%) chose not to answer this question.



Physical Activity (Question 26)

N= 154

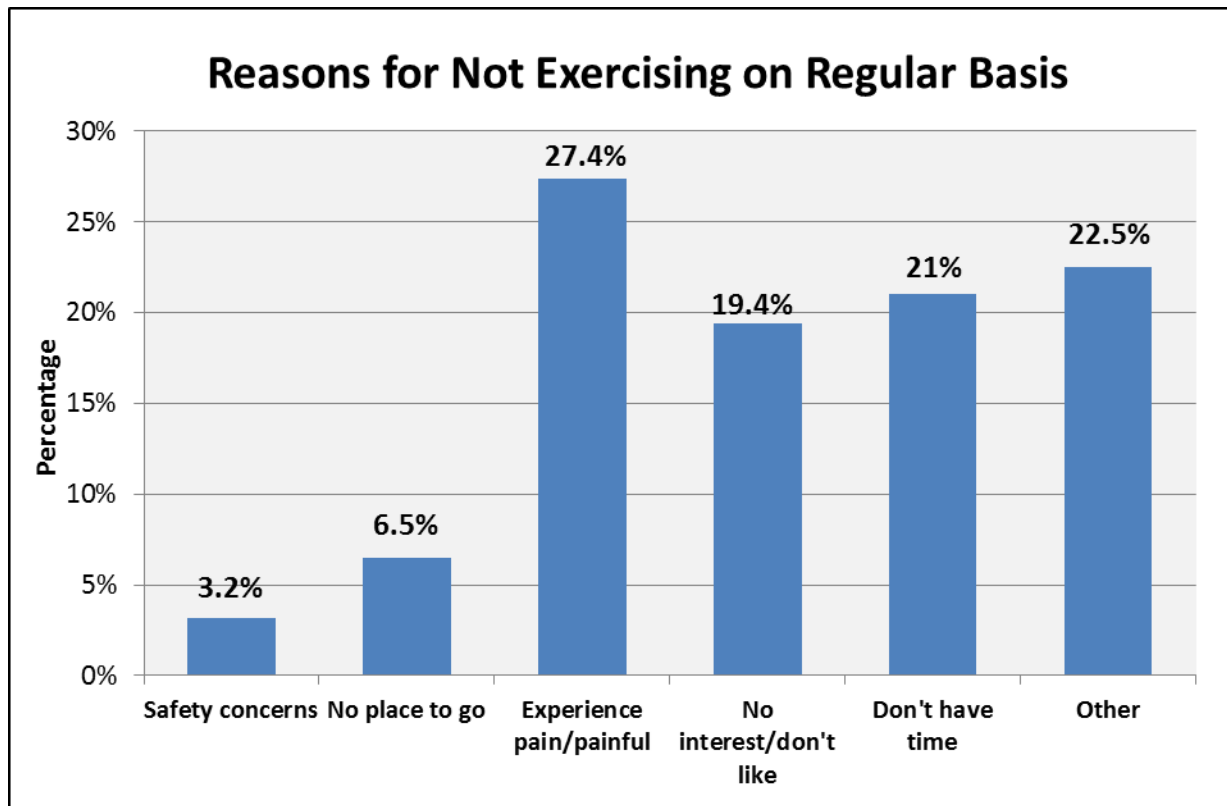
Respondents were asked to indicate how frequently they had physical activity for at least 20 minutes over the past month. Thirty-seven percent of respondents (n=57) indicated they had physical activity of at least 20 minutes “Daily” over the past month and 28% (n=43) indicated they had physical activity “2-4 times per week”. Four percent of respondents (n=6) indicated that they had “No physical activity.” Six respondents chose not to answer this question.



Barriers to Physical Activity (Question 27)

N= 62

Respondents were asked if they do not currently exercise on a regular basis, why they are not. “Experience pain/painful” was the top response selected by 27.4% (n=17) of respondents. Twenty-three percent of respondents chose “Other” as a barrier to exercise on a regular basis (n=14) and 21% indicated they “Don’t have time” (n=13). Ninety-eight respondents chose not to answer this question.



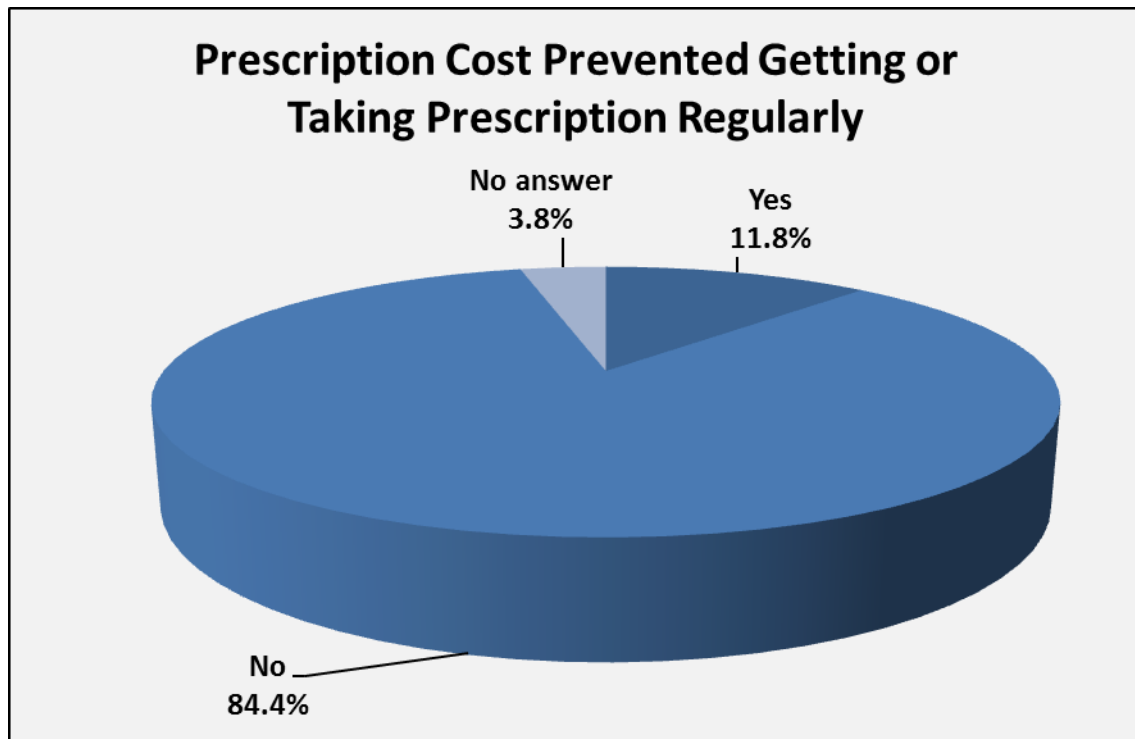
“Other” comments:

- Don't feel like it
- N/A (5)
- Motivation
- Time facility is open
- Recovering from injury (3)
- Lazy
- Weather
- I'm deceased
- Walk every day
- Work hard at home
- If there was someone to exercise with, it would help
- Work (2)

Cost and Prescription Medications (Question 28)

N= 160

Respondents were asked to indicate if medication costs had prohibited them from getting a prescription or taking their medication regularly. Twelve percent of respondents (n=19) indicated cost did prohibit them from getting a prescription or taking their medication regularly. Eighty-four percent of respondents (n=135) indicated that cost had not prohibited them. Six respondents (3.8%) chose not to answer this question.



“Other” comments:

- Not yet
- NA

Medical Insurance (Question 29)

N= 160

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-two percent (n=39) indicated they have “Medicare”. Twenty-nine percent (n=35) indicated they have “Employer sponsored” coverage and “Private insurance/private plan” was indicated by 17.9% of respondents (n=22). Thirty-seven respondents chose not to answer this question.

Insurance Type	Count	Percent
Medicare	39	31.7%
Employer sponsored	35	28.5%
Private insurance/private plan	22	17.9%
Indian Health Services/Tribal Health	9	7.3%
Medicaid	4	3.3%
VA/Military	4	3.3%
Healthy MT Kids	3	2.4%
State/other	2	1.6%
Health Savings Account	1	0.8%
Agricultural Corp. paid	0	0
Other	4	3.3%
TOTAL	123	100%

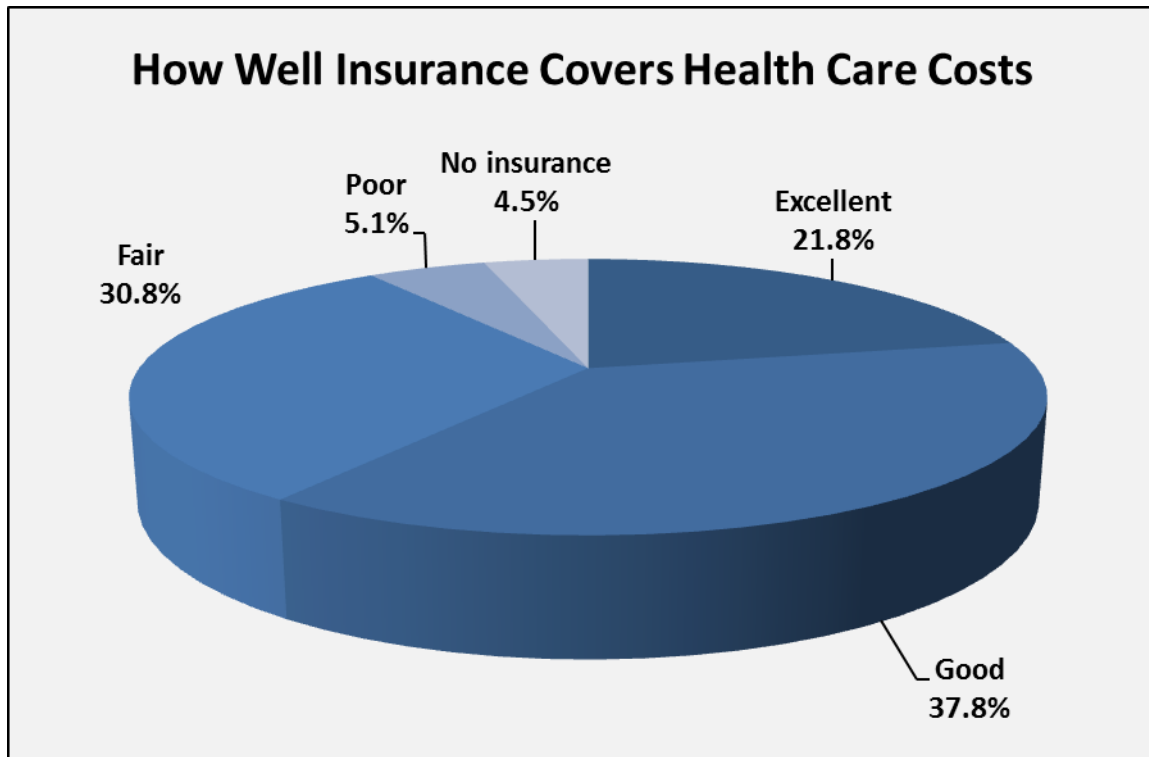
“Other” comments:

- [Employer sponsored] – self only
- [Other] – self pay
- None (4)
- Blue Cross Blue Shield of Montana
- Private Medical Supplement
- Supplement Insurance

Insurance and Health Care Costs (Question 30)

N= 156

Respondents were asked to indicate how well they felt their health insurance covers their health care costs. Thirty-eight percent of respondents (n=59) indicated they felt their insurance covers a “Good” amount of their health care costs. Thirty-one percent of respondents (n=48) indicated they felt their insurance is “Fair” and 21.8% of respondents (n=34) indicated they felt their insurance was “Excellent.” Seven respondents (4.5%) indicated they have no insurance and four respondents chose not to answer this question.



“Other” comments:

- [Poor] – Too high deductible then pays percent only

Barriers to Having Health Insurance (Question 31)

N= 26

Respondents were asked to indicate if they did not have health insurance, why they did not. Seventy-seven percent (n=20) reported they did not have health insurance because they could not afford to pay for it and 19.2% (n=5) indicated they “Choose not to have medical insurance.” Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Reason	Count	Percent
Cannot afford to pay for medical insurance	20	76.9%
Choose not to have medical insurance	5	19.2%
Cannot get medical insurance due to medial issues	3	11.5%
Employer does not offer medical insurance	1	3.8%
Other	6	23.1%

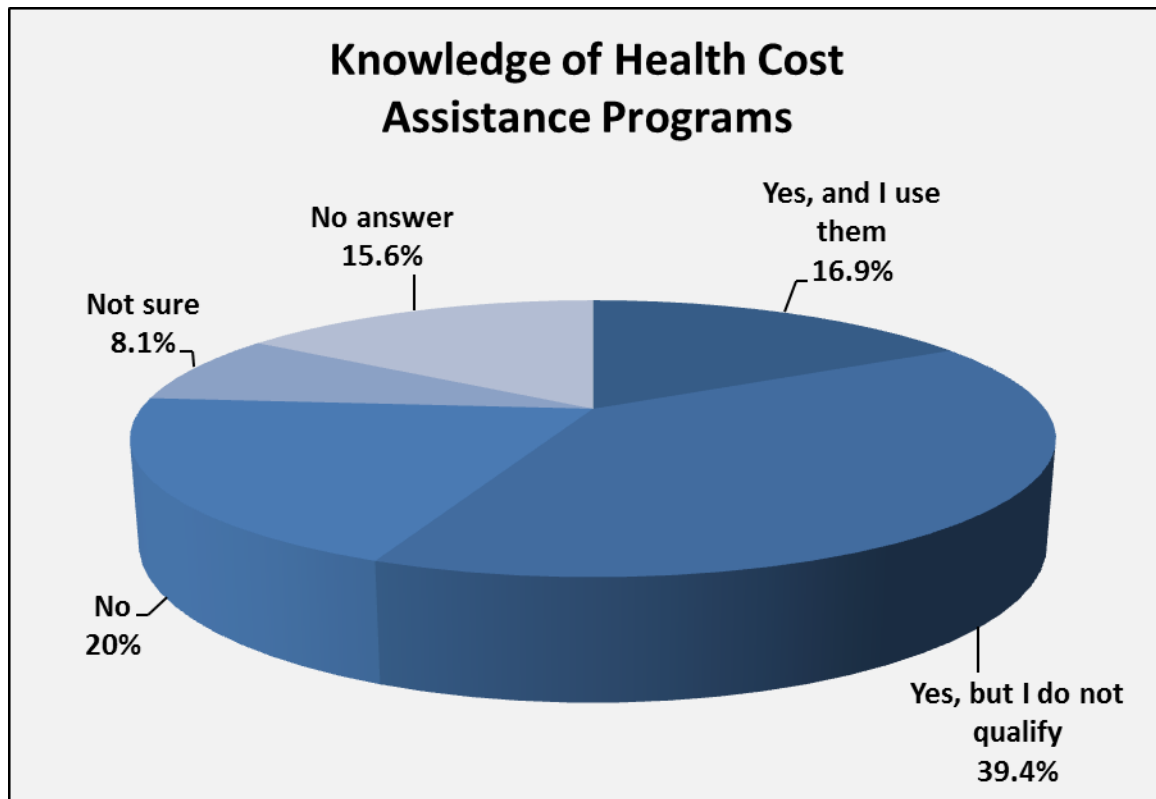
“Other” comments:

- N/A (7)
- VA
- I’m deceased
- Self-employed – mental health therapist ... husband has work insurance and IHS
- Tribal health

Awareness of Health Payment Programs (Question 32)

N= 160

Respondents were asked to indicate their awareness of programs that help people pay for health care bills. Thirty-nine percent of respondents (n=63) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty percent (n=32) indicated that they were not aware or did not know of these programs and 16.9% of respondents (n=27) indicated they were aware and utilized them. Sixteen percent (n=25) chose not to answer this question.



XII. Focus Group Methodology

Four focus groups were held in Ronan, St. Ignatius, and Polson, Montana in November 2012. Focus group participants were identified as people living in St. Luke Community Healthcare's service area.

Thirty-five people participated in the four focus group interviews. The focus groups were designed to represent various consumer groups of health care including senior citizens and local community members. The focus groups were held at St. Luke Community Hospital, Mission Mountain Country Club, Old Timers Café, and Polson Senior Citizens Center. Each group was up to 90 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Carolyn Pollari with the Montana Office of Rural Health.

Focus Group Findings

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

- *Major issues in health care-* A variety of themes were discussed throughout the focus group meetings. The most common themes were: affordability of healthcare, aging populations, prescription drug abuse, mental health issues, and drug and alcohol abuse. Moreover, participants would like increased accessibility to healthcare in the region and better health education in schools. In addition, participants noted high rates of heart disease and diabetes in the area.

- *Opinion of services and quality of care at St. Luke Community Healthcare:*

Quality of Care- Participants spoke highly of the hospital noting, “Awesome facility to reach out to people who do not have insurance...” Some participants acknowledged concerns about the discharging and re-admittance of patients as an issue.

Number of Services- In general, participants thought the number of services available is adequate for the community. However, participants felt that mental health services could improve and that more beds in the nursing home are necessary. Community members appreciate being able to use local services rather than travelling outside of Ronan. One participant commented, “...I still have to travel to see the specialist but all tests can be done here. That is good.”

Hospital Staff- Participants discussed the hospital staff in terms of style of care and competence. Overall, hospital staff was viewed as being positive and professional. Participants felt that the hospital is understaffed which contributes to high stress and may explain why there are some difficult personalities to work with.

Hospital Board and Leadership- The Hospital Board was known well by some participants but not by others. Participants feel that Board members participate in the community and are receptive to community members. One person stated, “They [Board members] keep the hospital very community-minded and St. Luke’s is community owned, which is wonderful.”

Business Office- Participants mentioned the good customer service they experience when working with the business office. One participant commented “There was a sign posted that said they won’t refuse you services. You have a right to see a doctor. It is very reassuring that sign is there right when you walk in for people that need to use that service.”

Condition of Facility and Equipment- Participants were pleased with the improvements that have been made to the hospital and are impressed with the maintenance of the old area of the hospital as well. Other than the high cost of equipment, participants are grateful for the high-quality equipment to keep patients in Ronan as much as possible.

Financial Health of the Hospital- Participants were generally unaware of the financial health of the hospital and wondered how the hospital was able to pay for the expansion. Overall, the perception held by participants is that financial standing is good. A Board member stated, “Very good, especially compared to other small town hospitals in this state. In very good shape right now. Very comforting to those of us on the Board. There were some sleepless nights during the expansion but we made it. In excellent fiscal shape.”

Cost- Participants felt that the cost of services was “unbelievably expensive” everywhere, but cost in Ronan is comparable to other places. Some participants feel they receive more affordable services in Missoula. Comments about cost focused primarily on the high cost of insurance and how some people just can’t afford to have insurance, especially young people.

Office/Clinic Staff- Participants acknowledged that the clinics associated with St. Luke’s in surrounding areas are viewed well by the community. One participant in Polson noted, “Dr. Gochis is just wonderful. In other communities you get in and they don’t even help. It’s the best clinic I have ever gone to. We’ve always gotten in for appointments.”

Availability- Some frustrations felt about the availability of appointments was expressed by one participant as, “What should be handled in the physician’s office goes to the convenient care or the ER because the patients can’t get in to see their provider for a month.” Although, participants felt availability is improving with the addition of two more doctors. It was noted that many feel you can get in to see a doctor faster in Ronan than in Missoula.

- *Opinion of local providers-* Participants indicated they mostly use local providers as their or their family’s personal provider. Reasons noted for using local services included: location, convenience, relationship with provider, and wanting to support local services.
- *Opinion of Local Services:*

Emergency Room- Participants said they would use the ER in Ronan. “Some feel strongly to go to Missoula instead. But I wouldn’t hesitate a bit to go to Ronan. I realize that if you get there and they can’t help, they get lifeline to come get you and take you somewhere else that can help you.” One participant did bring up that some feel there is discrimination against tribal patients in the emergency room.

Ambulance Service- Participants noted the ambulance is quick and efficient and works well with the hospital.

Health Care Services for Senior Citizens- Participants feel there are plenty of great resources available in the community. They praised services that are available for seniors in St. Ignatius and Polson, especially the Agency on Aging, Senior Centers, and Meals on Wheels programs. In Ronan, participants expressed a need for transportation assistance for seniors to and from their appointments.

Public/County Health Department- The health department was viewed very positively. Participants praised the work the health department does even under financial restraints. Participants also noted the health department is busy but has good working relationships with partners in the community.

Health Care Services for Low-Income Individuals- Participants feel that low-income individuals or families are able to access the services they need, especially under Medicaid. One participant spoke highly of CHIP and Healthy Montana Kids as helpful resources. Participants did indicate “There are some services out there but not enough for those who truly need it.”

Nursing Home/Assisted Living Facility- Participants stated there is not assisted living available in Ronan but there are facilities available in surrounding areas such as St. Ignatius and Polson. Participants supported the idea for St. Luke’s to investigate building an assisted living facility in Ronan and discussed the importance of providing multiple levels of care for an affordable price. Participants praised the Nursing Home stating, “St. Luke’s Nursing Home is very well staffed and very professional. The staff makes an effort to make it homey for the people there. The care is excellent.”

Pharmacy- Participants found the availability of pharmacy services to be adequate in the community. They feel they do a great job and are good with their customers. Participants did mention that prescription drug abuse is a problem in the area.

- *What Would Make the Community a Healthier Place to Live-* Participants offered many suggestions for making Ronan, and the surrounding area, a healthier place to live. They focused on addressing unemployment issues, improving relations between tribal and non-tribal services, improving opportunities for physical activity, implementing more staged health events such as flu clinics or health fairs, providing more assisted living, focusing on preventative healthcare, and developing more activities for youth.
- *Why people might leave the community for health care services-* Generally, participants felt people would leave Ronan if they had a bad experience in the past, for access to a variety of primary and specialized providers, issues of confidentiality, if they prefer female doctors to deliver babies, for surgeries, dialysis, cancer treatment, or if they hold a perception that bigger is better. Participants feel the hospital in Ronan competes more with Missoula than Polson. One participant mentioned that people leave Polson to go to Ronan for care because of trust and quality.

- *Health Services needed in the Community*- Additional services that participants felt were needed was local dialysis, more healthy activities for youth, more opportunities for health education and prevention, more visiting specialists, elder services, affordable assisted living, healthcare coverage for young adults, and mental health services. One participant mentioned more advertising would be beneficial to increase awareness of the services available in Ronan and another mentioned that people are not aware which services in surrounding communities such as St. Ignatius and Polson are affiliated with St. Luke's.

XIII. Summary

One hundred and sixty surveys were completed in St. Luke Community Healthcare's service area for a 22% response rate. Of the 160 returned, 58.1% of the respondents were females and 73.8% were 56 years of age or older.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.1 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Seventy-nine percent of the respondents have seen a health care specialist during the past three years. The most frequent specialists seen was the "Dentist" at 57.5% (n=73), "Optometrist" at 36.2% (n=46) and "Cardiologist" at 26.8% (n=34).

Overall, the respondents within St. Luke Community Healthcare's service area are seeking hospital care at a rate that is typically seen in rural areas. The majority of participants appeared to have very favorable opinions of the services with most praising the care received. Participants were appreciative of the care available while identifying additional services or needs.

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

Appendix A- Steering Committee Members

Steering Committee Members- Name and Organization Affiliation

1. Steve Todd – COO, St. Luke Hospital
2. Wayne Fuchs – Community Education, St. Luke Hospital
3. John Schnase – Boy’s and Girl’s Club of the Flathead Reservation & Lake County
4. Emily Colomeda, RN – Director, Lake County Health Department
5. Ann Brower – Lake County Commissioner
6. Jennifer McGinnis – Real Estate Appraiser, St. Luke Hospital Board
7. Duane Lutke – Director, Western Montana Area VI Agency on Aging
8. Niki Graham- Director, Salish Kootenai College: Center for Prevention and Wellness

Appendix B - Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Emily Colomeda – Director, Lake County Public Health
- b. Date of Consultation
First Steering Committee Meeting: June 25, 2012
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Longer walking path
 - Diabetes rates, unintentional injuries (safety), obesity, poverty

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
John Schnase – Boy's and Girl's Club of the Flathead Reservation & Lake County
- b. Date of Consultation
First Steering Committee Meeting: June 25, 2012
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Sports physicals
 - Single parent families

Population: Seniors

- a. Name/Organization
Duane Luke – Director, Western Montana Area VI Agency on Aging
- b. Date of Consultation
First Steering Committee Meeting: June 25, 2012
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee

- d. Input and Recommendations from Consultation
 - Assisted Living
 - State VA form very effective
 - 150% increase in aging population (65 years and older)

Population: Tribal/American Indian

- a. Name/Organization
Niki Graham – Director, Salish Kootenai College: Center for Prevention and Wellness
- b. Date of Consultation
First Steering Committee Meeting: June 25, 2012
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Prevention lacks nutrition education
 - Traditional arts and cultural events
 - Tribal health

Appendix C- Survey Cover Letter



September 24, 2012

Dear Resident:

This letter and survey concern the future of healthcare in Ronan and the surrounding area. Your help is critical in determining health priorities and future needs.

You are probably aware of many challenges facing rural healthcare, such as access to services and affordability. Unfortunately, many of the factors that threaten healthcare services in other rural areas challenge our local healthcare system as well. However, by completing the enclosed survey, you can help guide St. Luke Community Healthcare in developing comprehensive and affordable healthcare services to our area residents.

St. Luke Community Healthcare received grant funding from the Montana Office of Rural Health/Area Health Education Center to administer a community health survey. The purpose of the survey is to obtain information from a wide range of area residents to assist in planning programs, services, and facilities to meet present and future healthcare needs.

Please take a few moments to complete the enclosed survey by **November 5, 2012**. **Your name was selected at random and your answers will be kept confidential.** Your response is very important because your comments will represent others in the area. Even if you don't use healthcare services with St. Luke Community Healthcare, your input is still helpful. We know your time is valuable so we have made every effort to keep the survey brief. It should take less than 15 minutes to complete. **Your help is much appreciated in responding to this survey.**

Once you complete your survey, simply **return it in the enclosed self-addressed, postage paid envelope**. All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001. We believe, with your help, we can continue to improve healthcare services in our region.

Thank you for your assistance. We appreciate your effort.

Sincerely,

A handwritten signature in dark ink, appearing to read "Shane H. Roberts", is written over a light blue horizontal line.

Shane Roberts, CEO
St. Luke Community Healthcare

Appendix D- Survey Instrument

Community Health Services Development Survey Lake County, Montana

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

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

Community Health

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? (Check 3 that apply)

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

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

- | | |
|--|--|
| <input type="radio"/> Access to affordable health insurance | <input type="radio"/> High quality healthcare services |
| <input type="radio"/> Access to health care and other services | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Access to healthy foods | <input type="radio"/> Low death and disease rates |
| <input type="radio"/> Affordable housing | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Maintaining tribal traditions |
| <input type="radio"/> Clean environment | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Community involvement | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Good jobs and healthy economy | <input type="radio"/> Strong family life |
| <input type="radio"/> Good schools | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Healthy behaviors and lifestyles | <input type="radio"/> Other _____ |

Awareness of Services

4. How do you rate your knowledge of the health services that are available at St Luke Community Healthcare?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

- | | | | |
|--|-------------------------------------|--|-----------------------------------|
| <input type="radio"/> Health care provider | <input type="radio"/> Newspaper | <input type="radio"/> Friends/family | <input type="radio"/> Billboards |
| <input type="radio"/> Mailings/newsletter | <input type="radio"/> Presentations | <input type="radio"/> Word of mouth/reputation | <input type="radio"/> Other _____ |
| <input type="radio"/> Website/internet | <input type="radio"/> Radio | <input type="radio"/> Public health department | |
| <input type="radio"/> Heart to Heart | <input type="radio"/> Social media | <input type="radio"/> Tribal Health | |

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

- | | | | |
|--------------------------------|--|--|-------------------------------------|
| <input type="radio"/> Pharmacy | <input type="radio"/> Public health department | <input type="radio"/> Senior Center | <input type="radio"/> Tribal Health |
| <input type="radio"/> Dentist | <input type="radio"/> Mental health | <input type="radio"/> Alternative medicine | <input type="radio"/> Other _____ |

7. Is access to health care a problem in our community? ☐ Yes ☐ No

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

- | | | |
|--|---|--|
| <input type="radio"/> Greater health education services | <input type="radio"/> More specialists | <input type="radio"/> Cultural sensitivity |
| <input type="radio"/> Improved quality of care | <input type="radio"/> Interpreter services | <input type="radio"/> Telemedicine |
| <input type="radio"/> More primary care providers | <input type="radio"/> Transportation assistance | <input type="radio"/> Dr. house calls |
| <input type="radio"/> Outpatient services expanded hours | <input type="radio"/> 24 hour nurse line | <input type="radio"/> Other _____ |

9. Would you like an assisted living facility developed by St Luke Community Healthcare in Ronan?

- ☐ Yes ☐ No ☐ Maybe in a few years ☐ Not sure

General Use of Health Care Services

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

- ☐ Yes ☐ No **(If no, skip to question 12)**

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

- | | | |
|---|---|---|
| <input type="radio"/> Could not get an appointment | <input type="radio"/> It costs too much | <input type="radio"/> Too nervous or afraid |
| <input type="radio"/> Too long to wait for an appointment | <input type="radio"/> Could not get off work | <input type="radio"/> Transportation problems |
| <input type="radio"/> Office wasn't open when I could go | <input type="radio"/> Didn't know where to go | <input type="radio"/> Language barrier |
| <input type="radio"/> Unsure if services were available | <input type="radio"/> It was too far to go | <input type="radio"/> No child care |
| <input type="radio"/> My insurance didn't cover it | <input type="radio"/> Lack of quality providers | <input type="radio"/> No insurance |
| <input type="radio"/> Lack of privacy/confidentiality | <input type="radio"/> Not treated with respect | <input type="radio"/> Other _____ |
| <input type="radio"/> Provider not culturally sensitive | <input type="radio"/> No quality care available | |

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

- | | | |
|--|--|--|
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Mammography | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Nutritional risk assessment | <input type="radio"/> Sports physical |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Pap smear | <input type="radio"/> Work related physical |
| <input type="radio"/> Flu shot | <input type="radio"/> Prostate (PSA) | <input type="radio"/> None |
| <input type="radio"/> Health fair | <input type="radio"/> Routine blood pressure check | <input type="radio"/> Other _____ |

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

- | | | |
|--|--|-----------------------------------|
| <input type="radio"/> Dialysis | <input type="radio"/> Oncology (cancer services) | <input type="radio"/> Ask a Nurse |
| <input type="radio"/> Chronic disease group visits | <input type="radio"/> Assisted living center | <input type="radio"/> Other _____ |

Hospital Care

14. In the past three years, have you or a household member 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 does your household use the MOST for hospital care? **(Please check only ONE)**

- | | |
|---|--|
| <input type="radio"/> St Luke Community Healthcare | <input type="radio"/> St Joseph Medical Center |
| <input type="radio"/> Kalispell Regional Medical Center | <input type="radio"/> St Patrick Hospital and Health Sciences Center |
| <input type="radio"/> Community Medical Center | <input type="radio"/> Other _____ |

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

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

Primary Care

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

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

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

- | | |
|--|---|
| <input type="radio"/> St Luke Community Clinic – Ronan | <input type="radio"/> St Joseph Medical Clinic – Ronan |
| <input type="radio"/> St Luke Community Clinic – Polson | <input type="radio"/> St Joseph Medical Clinic – Polson |
| <input type="radio"/> St. Luke Community Clinic – St. Ignatius | <input type="radio"/> Polson Health (KPMC) |
| <input type="radio"/> Tribal Clinics | <input type="radio"/> Other _____ |

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

- | | |
|---|---|
| <input type="radio"/> Appointment availability | <input type="radio"/> Recommended by family or friends |
| <input type="radio"/> Clinic's reputation for quality | <input type="radio"/> Referred by physician or other provider |
| <input type="radio"/> Closest to home | <input type="radio"/> Preferred/required by insurance plan |
| <input type="radio"/> Cost of care | <input type="radio"/> VA/Military requirement |
| <input type="radio"/> Length of waiting room time | <input type="radio"/> Indian Health Services/ Tribal Health |
| <input type="radio"/> Prior experience with clinic | <input type="radio"/> Employee discount offered |
| | <input type="radio"/> Other _____ |

20. If you see a variety of specialists for your healthcare needs, are they coordinated through your primary care provider? ☐ Yes ☐ No

Specialty Care

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

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

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

- | | | |
|--|---|---|
| <input type="radio"/> Acupuncturist | <input type="radio"/> Massage therapist | <input type="radio"/> Podiatrist |
| <input type="radio"/> Allergist | <input type="radio"/> Mental health counselor | <input type="radio"/> Psychiatrist (M.D.) |
| <input type="radio"/> Cardiologist | <input type="radio"/> Neurologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Neurosurgeon | <input type="radio"/> Pulmonologist |
| <input type="radio"/> Dentist | <input type="radio"/> OB/GYN | <input type="radio"/> Radiologist |
| <input type="radio"/> Dermatologist | <input type="radio"/> Occupational therapist | <input type="radio"/> Rheumatologist |
| <input type="radio"/> Dietician/nutritionist | <input type="radio"/> Oncologist | <input type="radio"/> Speech therapist |
| <input type="radio"/> Endocrinologist | <input type="radio"/> Optometrist | <input type="radio"/> Social worker |
| <input type="radio"/> ENT (ear/nose/throat) | <input type="radio"/> Orthopedist | <input type="radio"/> Substance abuse counselor |
| <input type="radio"/> Gastroenterologist | <input type="radio"/> Pediatrician | <input type="radio"/> Traditional healer |
| <input type="radio"/> General surgeon | <input type="radio"/> Physical therapist | <input type="radio"/> Urologist |
| <input type="radio"/> Geriatrician | <input type="radio"/> Plastic surgeon | <input type="radio"/> Other _____ |

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

- | | | |
|------------------------------|---|--------------------------------------|
| <input type="radio"/> Ronan | <input type="radio"/> Community Medical Center - Missoula | <input type="radio"/> Kalispell |
| <input type="radio"/> Polson | <input type="radio"/> St. Patrick Hospital- Missoula | <input type="radio"/> Missoula other |
| | | <input type="radio"/> Other _____ |

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

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Haven't Used = NA

Cardiopulmonary services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Clinic - Ronan	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Clinic - Polson	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Clinic - St. Ignatius	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Emergency room	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Extended care facility (nursing home)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Hearing center	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Home oxygen and medical equipment	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Inpatient hospital services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Laboratory	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Physical therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Radiology/Imaging (x-ray/ultrasound)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Surgical services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Urgent care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA

Personal Health & Health Insurance

25. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days, although you may have felt okay sometimes? ☐ Yes ☐ No

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

- | | | |
|---|---|--|
| <input type="radio"/> Daily | <input type="radio"/> 2-4 times per week | <input type="radio"/> 1-2 times per month |
| <input type="radio"/> 5-6 days per week | <input type="radio"/> 3-5 times per month | <input type="radio"/> No physical activity |

27. If you are not currently exercising on a regular basis, why?

- | | | |
|---------------------------------------|---|---------------------------------------|
| <input type="radio"/> Safety concerns | <input type="radio"/> Experience pain/painful | <input type="radio"/> Don't have time |
| <input type="radio"/> No place to go | <input type="radio"/> No interest/don't like | <input type="radio"/> Other _____ |

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

- ☐ Yes ☐ No

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

- | | | |
|--|--|---|
| <input type="radio"/> Healthy MT Kids | <input type="radio"/> Private insurance/private plan | <input type="radio"/> Agricultural Corp. Paid |
| <input type="radio"/> Employer sponsored | <input type="radio"/> Medicaid | <input type="radio"/> Health Savings Account |
| <input type="radio"/> Medicare | <input type="radio"/> VA/Military | <input type="radio"/> Other _____ |
| <input type="radio"/> State/Other | <input type="radio"/> Indian Health Services/Tribal Health | |

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No insurance

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

- ☐ Cannot afford to pay for medical insurance ☐ Employer does not offer insurance
☐ Choose not to have medical insurance ☐ Other _____
☐ Cannot get medical insurance due to medical issues

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

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

Demographics

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

33. Where do you currently live by zip code?

- ☐ 59864 Ronan ☐ 59860 Polson ☐ 59865 St Ignatius ☐ 59831 Dixon
☐ 59824 Charlo ☐ 59855 Pablo ☐ 59821 Arlee

34. How many months do you live in Lake County each year?

- ☐ 3 or less ☐ 4-6 ☐ 7-9 ☐ 10-12

35. When you reside in Lake County, do you utilize local medical services? ☐ Yes ☐ No

36. What is your gender? ☐ Male ☐ Female ☐ Other

37. What age range represents you?

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

38. With which ethnicity do you most identify?

- ☐ African American ☐ Hispanic ☐ Caucasian
☐ Asian ☐ American Indian ☐ Other _____

39. What is your employment status?

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

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix E- Responses to Other and Comments

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

- How can I answer?

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

- Racism
- Decent care
- Reliable care givers
- People who have no insurance and can't afford healthcare and dental – one crown is \$1,200

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

- Stop entitlements
- Knowledge
- Correct information about nutrition
- Equal rights whether non-Indian or Native American
- Respect for all, and self-respect
- Cheaper healthcare, non-government sponsored

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

- Names on buildings
- Personal experience
- Notice
- Salish Kootenai College (SKC) health fair
- ARCA Agency

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

- Physical Therapy
- Veteran's medical
- Eye doctor
- None
- Massage therapy
- NA

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

- More pamphlets put out
- Cost (2)
- Follow-up
- Assistance with another opinion
- Single payer (2)
- Train nurses and doctors the importance of life whether white or non-white
- Knowledge of funding sources
- Funding of alternative medicine
- 24-hour convenient care

- Money
- Better public awareness of services
- Access to affordable insurance

9. Would use like an assisted living facility developed by St. Luke Community Healthcare in Ronan?

- One a person could afford

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

- Discriminative doctor
- [No insurance] for kids
- NA
- 2-hour long wait to see a doctor, even for an ear appointment

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

- Physical Therapy
- COP therapy and back pain
- Bone scan
- INR (International Normalized Ratio; for blood clotting time). I take Coumadin
- Diabetes
- Blood Thinning Check-up

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

- N/A
- Better treatment engaged during sickness

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

- Missoula Bone and Joint
- It depends on the illness/problem
- VA – Ft. Harrison (2)

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

- No neurosurgeon at St. Luke
- No ride
- Expertise
- Better treatment – no racism
- Heart specialists
- Where the surgeon was
- Dr. Cara Harrop

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

- Don't have one

18. Where was that primary health care provider located?

- Big Fork
- St. Patrick Hospital – Missoula
- Hot Springs
- Physician
- Community Hospital doctor in Missoula
- Garden Wall Clinic – St. Ignatius
- VA Clinics (2)
- Blue Mountain Clinic – Missoula
- Missoula (2)
- Private practice
- Kalispell Regional Medical Center – Kalispell
- Community Health Care – Missoula

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

- Doctors are good with elderly patients
- Dr. V is the best!
- Love my provider
- Respect
- Provider changed locations
- Came after Dr. McDonald retired
- No other choice, prefer St. Luke
- Dr. Cara Harrop

20. If you see a variety of specialists for your healthcare needs, are they coordinated through your primary care provider?

- N/A

22. What type of health care specialist was seen?

- Orthopedic surgeon
- Diabetic Type 1 – Doctor in Missoula
- Cardiac surgeon
- Hearing
- Vascular surgeon
- Nephrologist
- Hand surgeon
- Breast surgeon
- Ophthalmologist
- Eyes (Laser Surgery)

23. Where was the health care specialist seen?

- St. Ignatius (5)
- Optometrist
- Helena (4)

- Bone and Joint
- Glacier
- California

24. The following services are available at St. Luke Community Healthcare. Please rate the overall quality for each service.

- [Laboratory] – did wrong test
- [Laboratory] – cost too much
- [Radiology/Imaging] – cost too much
- [Urgent care] – cost too much
- [Emergency room] – visited sister

27. If you are not currently exercising on a regular basis, why?

- Don't feel like it
- N/A (5)
- Motivation
- Time facility is open
- Recovering from injury (3)
- Lazy
- Weather
- I'm deceased
- Walk every day
- Work hard at home
- If there was someone to exercise with, it would help
- Work (2)

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

- Not yet (2)
- NA

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

- [Employer sponsored] – self only
- [Other] – self pay
- None (4)
- Blue Cross Blue Shield of Montana
- Private Medical Supplement
- Supplement Insurance

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

- [Poor] – Too high deductible then pays percent only

31. If you do NOT have medical insurance, why?

- N/A (7)
- VA

- I'm deceased
- Self-employed – mental health therapist ... husband has work insurance and IHS
- Tribal health

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

- Heaven

34. How many months do you live in Lake County each year?

- Forever
- 12 years total

35. When you reside in Lake County, do you utilize local medical services?

- I have, not often
- Used to
- Sometimes

38. With which ethnicity do you most identify?

- Human being

39. What is your employment status?

- Self-employed
- Semi-retired
- Cannot work with back pain
- I serve as an angel now!
- Stay at home mom (husband works)
- Home-maker

Appendix F- Focus Group Questions

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

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

Appendix G- Focus Groups Notes

Focus Group #1

Thursday, November 1, 2012 – 12:00pm-1:30pm – Ronan, MT – St. Luke’s Hospital Conference Room

1. What would make this community a healthier place to live?
 - Big challenge- We need more healthy activities for younger kids (teenagers); they don’t have a whole lot to do so they tend to get into trouble.
 - Employment- there is a lot of people unemployed and trying to make ends meet; since Plum Creek Mill left, it’s just the tribe, the college, and the hospitals as major employment areas. There are workforce and industry concerns. There is a lot of poverty; if you are employed you can be healthier because you can be insured.
 - Regarding young parenting, as much as we try to meet community needs, there are gaps in the newborn and young education.
 - Head Start is doing a great job and we are lucky to have them but there are still gaps in childhood development. A lot of that downfall was with HIPAA. We used to be able to communicate better in order to determine who our high risk families were, but HIPAA has a hold on that so it makes it hard for us to get in and help.
2. What do you think are the most important local health care issues?
 - Prescription drug abuse is a becoming a big problem; rather than going to therapy or discussing the issues of concern many providers give people a prescription and get them out of the office. This becomes multi-generational.
 - Access to care on the “South End” (the south end of Lake County). There are not a lot of doctor choices or much availability. People end up waiting a long time. Many people that live on the South End seek care in Missoula. On the North End of the county (beyond Polson), many don’t have a lot of access either.
 - There is a large diabetic population. On the average month, I could be dealing with 50-60 foot cases. We have grants and programs trying to meet those needs but we have a huge population that needs more [health] education. The consequences are snowballing.
 - There are a lot more heart issues (disease, etc.) now...even in younger people.
3. What do you think of the hospital in terms of:
Quality of Care
 - I have a lot of concerns about the distance that people have to travel to come here. I have not been real happy with the discharge planning that happens here. A lot of it happens as the patient is ready to walk out of the door. They could at least make an initial phone call. It [the discharge phone call] usually happens on Friday at noon.
 - It is an issue getting everyone mobilized to care for the patients. If they [the tribal patients] are coming in for a surgery, sometimes we [tribal health services] know about it and sometimes we don’t. We used to get daily admittance reports but now we get them after the fact. I get notified two weeks to a month after.
 - My patients that have been here, given a choice, would not come here. Some it is more convenient for them if they live closer but many end up in Missoula anyway.

- There is a male nurse in the Emergency Room that I have received many complaints from – he almost comes off as racist to the tribal people. A kid was in foster care and ended up coming into the ER because he was drinking (was 14 years old). The foster mom came to pick him up and the nurse criticized the kid and the foster mom in front of everyone. She [foster mom] was so upset about it and was not comfortable reporting it because she comes here to receive care because it is close. This puts an ugly picture out there when that happens.
- A big concern is the revolving door of discharge and re-admittance situation. We hear on Friday that they are out and that doesn't give us enough time to plan arrangements. Sometimes the elderly patients are moved into their families' homes that have drug issues when they [St. Luke providers] already know that. Then, they [elderly tribal patients] come back [to the hospital] on Monday because they are out of pain meds because their kids use them. They [St. Luke providers] could put them in a nursing home situation.
- Nursing home placement seems to be saved for other circumstances.
- Friday afternoon discharge is a concern. The first thing they [St. Luke providers] do is a drug toxicity test and they stereotype and assume they [tribal patients] have a drug/alcohol problem. They [St. Luke providers] make comments that at least their [tribal patients] toxicity tests are clear. Even the respected elders are being told this. I have heard five or six stories like this and I have been here only one year.
- We are ready for Medicare and Medicaid to dock the price for readmissions so we can solve this problem rather than putting a Band-Aid on it.

Number of services

- I think they do [offer an adequate number of services]. I do wonder if they have enough nursing home beds though.
- We had a situation with a mental health patient that was not handled very well. I think mental health services are pretty poor everywhere in the state. I don't see many possibilities with mental health/behavioral health here.

Hospital staff

- ER Nurse Issue mentioned before
- Everyone is kind of short staffed. I don't think that is ever going to change.
- Short staffing makes things difficult. It can cause the staff to not be nice or friendly. A lot of it is because they 'run run run run' and don't have time to provide that quality of care.
- There also are some difficult personalities to work with; I think they have quite a few here.
- My patient [who was at St. Luke's] said he pressed his call button and no one came for two hours.
- I do not know much about the hospital staff.

Hospital Board and leadership

- No opinions

Business office

- I have not heard of complaints.
- For the system, a lot of it [bills] gets paid through Indian Health Services and tribal services and they [tribal service providers] don't know what is getting paid but it is getting a little better.

Condition of facility and equipment

- They have made some very nice improvements to the hospital.

Financial health of the hospital

- I do not know much about it.

Cost

- When we send them up for a STAT lab, the services tend to be more expensive than if we send them to Missoula. Patients have said that it's expensive here. For example, drawing blood.

Office/clinic staff

- I do not deal with them much.

Availability

- I think the physicians are so overwhelmed and backlogged that they tell the patients to go to immediate care. This is an expensive route for care.
- What should be handled in the physician's office goes to the convenient care or the ER because the patients can't get in to see their provider for a month.
- Something that should be a fifteen minute office visit (i.e. UTI or common cold) - the patients end up sitting in the ER for hours just to see the doctor.

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

- Yes and No
- Yes- Confidentiality and nearby location
- No- it is too far for me to drive up here (30 miles to get here vs. 20 miles to Missoula)

5. What do you think about these local services:

Emergency Room

- My mother was in the ER and it took half a day for her to find out there was a mistake in the lab work. We sat in the ER for half a day.
- They [providers] judge based on personalities, stigmas, and stereotypes for our [tribal] patients - even our elders. One client does come here and they have gotten to know her but it still takes most of the day for her to get through the system. It is hard on our elders and is time-consuming.

Ambulance service

- We don't deal with much ambulance.
- We do have some problems determining if the ambulance is supposed to come from Missoula or Ronan for some patients.
- The ambulance is very quick but the discharge piece complicates it.
- My interactions with the ambulance have been very efficient.

Health care services for Senior Citizens

- The wait to see their primary care doctors is bad. They [elderly tribal patients] won't even call to make that appointment because they don't want to wait for a month to go to the doctor. They think they won't be sick anymore in a month. Then they get too sick and they end up in the ER.
- Transportation- We don't have community health resources to pick up the elders, get them to where they need to go and hear what is happening and get them home. That service is missing and our little elders remember it. They ask for the CHRs to bring them to their appointments. I don't think the hospital can fix it.

Public/County Health Department

- We work with the health department all the time. We tag-team immunizations. They are pretty busy there, but we have a pretty good working relationship.
- We have had a good relationship with Lake County, as they have most of our patients. Sanders County is good. Missoula County isn't as easy as the others.

Health care services for low-income individuals

- If they are on Medicaid, then they are fine. The system is set up so they can get in the door.
- It is scary with the election- if the wrong people get voted in, we may have cuts.
- They [the poor] are able to access certain services with county health services. Missoula is able to help if they can't afford services. This helps a bunch. It might all change next week due to the election.
- There are some services out there but not enough for those who truly need it.

Nursing Home/Assisted Living Facility

- We need more nursing homes in the county with a cultural respect.
- It is part of the tradition for the family members to be taking care of the family but some family members are not healthy enough to take care of their family. I am working with adult protective services and physicians to do an evaluation and determine if the competency of the person is okay to take care of them.
- They [families] often skirt around it [putting family members in the nursing home]. Maybe it is too small of a community that they don't want to be "black balled" for putting someone in a nursing home. There are big concerns about it and the age group is only going to get bigger. There are a lot of people needing the service and there are not a lot of options for assisted living.
- A lot of people don't want to go into the nursing home as it takes away a lot of their independence.

Pharmacy

- Half of our job is chasing drugs.
- I think there is plenty of access to pharmacy. We don't have 24-hour pharmacies but they have one in Ronan and I think they are open on Saturdays. Tribal pharmacies close at noon on Friday. We get a lot of Friday morning rushes. If they don't get it before then, they will be paying out of pocket at other pharmacies with money they may not have.
- Or they go to other pharmacies because they don't want tribal services to know about it. Drug abuse is bad here.
- There is a vicious cycle with income- if you are unemployed you can sell your prescription drugs to buy your groceries. The prescription drug tracking will help us know where they [tribal patients] are getting their drugs.

6. Why might people leave the community for healthcare?

- Access to more variety of primary and specialty care.
- It takes less gas for south-end residents to drive to Missoula. While in Missoula they can get grocery shopping done and get it all done in one trip.
- A lot of it is the access to a wider variety of doctors.
- A lot of my patients tend to go to St. Pats; don't know why. But we deal with a lot of cardiac patients and they [St. Pat's] have the cardiac institute. A lot of our clients have multi-system issues and they have to travel out to find that specialist who is the most knowledgeable.
- Patients often travel for renal system problems, pediatrics, complex issues, and transplants.
- The patients go up to Polson if they get treated badly here [Ronan].
- Many end up in Missoula if they [St. Luke's] can't treat them because of specialties.
- A few go to Polson to deliver babies because they have female doctors.
- I have clients who sit in this ER until they are tired of sitting then call transport to get sent to Polson.
- St. Luke's does not necessarily compete with Polson. They are competing more with Missoula.
- There also is a lot of orthopedic care in Kalispell.
- Indian Health Services is contracting with Bone and Joints in Missoula so I'm sending them [orthopedic patients] there. For a long time they had to be done in Kalispell.
- Most of our patients pick St. Pat's over Community in Missoula.

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

- We are already doing New Beginnings with Sandy Kuntz. It is much needed.
- We need local dialysis. We spend a lot of money transporting during the week. They had a dialysis unit in Polson but they had a difficult time maintaining the staff, so our patients have to go Kalispell or Missoula.
 - Yes, our transport system is revolving around dialysis all five days of the week. Our patients go back and forth spending hours in the vehicle.
- We need more healthy activities for kids. We have such a problem with obesity and diagnosing kids with diabetes. We need to get them up and moving.

- We also need different programs to educate. It is more difficult for the county health departments and tribal services to work on prevention rather than dealing with the aftermath.
- Basketball is out there but there are still kids that don't play basketball and aren't as athletic. These kids get intimidated. Also, basketball doesn't start until middle school, so we don't have a lot of sports or activities for the little kids.
- Financially, a lot of people can't afford to transport their kids to the YMCA, etc. It gets to be expensive and puts a damper on things.
- We also need more elder services, assisted living, and mental health services.
- We should focus more on prevention.

Focus Group #2

Thursday, November 1, 2012 – 12:00pm-1:00pm – Ronan, MT – Mission Mountain Golf Course

1. What would make this community a healthier place to live?
 - I think there's a lot to be done to improve relationships with tribal and non-tribal which has an impact on health and non-health as well. Especially mental health.
 - Notice it's either a lack of fitness facilities, not a place to get a membership. There's nowhere to workout indoors. During winter it's difficult to keep yourself healthy. It's hard to be proactive during the winter. There are not a lot of options like there is in Missoula.
 - Parks and recreation is working toward paths and recreation. You can jog or walk but support is ending.
 - Staged health events. There's a flu clinic with breast cancer screening. It attracted impulse shoppers. Market to the public for health-related topics.
2. What do you think are the most important local health care issues?
 - One thing I've noticed around this area is that there's a lot of prescription drugs handed out. I understand they have a place and are needed, but there's an excess.
 - Mental health issues. High level of them, and lack of access to local treatment services. People have to be transported which creates a lot of barriers.
 - A lot of obesity and diabetes.
 - Pathways to the hospital and parks for exercising.
 - Highway system needs improvement. A lot of accidents occur on the highway. There was just an accident this morning. There's very little warning at some intersections, that's happened several times. That's a real simple change. They need speed bumps.
 - The winter roads are awful.
 - Scheduling visits with doctors is a month-long wait; that bothers me.
 - Could see more health programs in schools. Lunches could be healthier.
3. What do you think of the hospital in terms of:
Quality of Care
 - My husband and I bought a certificate for St. Luke's from The Boys and Girls Club. We bid on it and got eight different tests. I went to the hospital and signed him up for everything. They were awesome about explaining what the tests were and they were professional. They provided awesome, great service two weeks ago.
 - Awesome facility to reach out to people who do not have insurance. Through women's health fair you are able to get checkups. This is my second round of physical therapy. They work with you to pay cash. You're allowed to exercise there on their equipment for \$20/month.
 - There aren't a lot of facilities to go exercise but SKC (Salish Kootenai College) has a gym. You can walk through their gym in the wintertime or in the junior high. Get the word out about what is available.
 - Awesome at working with you. They say let's try this if you don't have insurance and try to save you money.
 - Convenient care is very nice and is a great option if you have kids. A lifesaver.

- On behalf of Parks & Board, started fundraising projects. At St. Luke's putting exercise stations on the walking path through the whole parks. We would love a pathway to the parks from the hospital to get people there. They [St. Luke's] are supporting that project.
- People should know St. Luke's provides one-hundred mammograms per year to women who do not have health insurance and who qualify for the assistance through the Foundation. There are several other programs that reach out to people with no insurance.

Number of services

- Out of the ten tests donated on the certificate, they did all ten without outsourcing; except the reading of stress echo, that was sent out. They were very fast and delivered all test results.
- The regular family health practitioners that are there [at St. Luke's] provide the basics. If you get referred to specialists, they can order their test to be done here. I still have to travel to see the specialist but all tests can be done here. That is good.

Hospital staff

- Good.
- Very good.

Hospital Board and leadership

- Outstanding! (*comment made by a Board member)
- I'm on the Board in Polson and Steve is very good there as well. It's nice to have representation there in Polson.
- The CEO is very responsive to people who may have a question about a bill, and he will sit down with them and check it out. Not many other CEO's would do that.
- They [Board members] keep the hospital very community-minded and St. Luke's is community owned, which is wonderful.
- Very nice rooms, real clean. Really good café, one of the best places to eat in town.

Business office

- Never had any problem.
- Very good, business office staff doesn't harass you. They let you pay when you can. It's very nice. Other hospitals want a credit card right away.
- There was a sign posted that said they won't refuse you services. You have a right to see a doctor. It is very reassuring that sign is there right when you walk in for people that need to use that service.
- I like how the hospital is divided. Its alphabetical, they don't seem overloaded, I can call them on the phone and talk to them about whatever I need to.

Condition of facility and equipment

- It's a new facility and they've taken care of it so far. They finished it four years ago. The addition was done in 2008.
- The old part looks good too.
- Took a while to get used to going in the new door.

Financial health of the hospital

- Very good, especially compared to other small town hospitals in this state. In very good shape right now. Very comforting to those of us on the Board. There were some sleepless nights during the expansion but we made it. In excellent fiscal shape.

Cost

- We also upgraded to higher level of tests. I felt the prices are very comparable or even the lowest and the hospital gives a good discount for using cash.
 - Even the hospital doesn't like to deal with insurance.

Office/clinic staff

- Wayne [Mr. Fuchs, Marketing] is excellent.

Availability

- More doctors are being hired. Getting better. Two doctors moved elsewhere, and two new doctors are moving in. Orthopedic came in and is wonderful.
- So many people are used to seeing a particular doctor. Convenient care is new to us and is a new great way to access healthcare.
- It's something we get used to. When you're sick and can't get into your regular doctor, the convenient care is a good service.
- They do make sure everybody has access with all your records from the hospital to the clinic because of electronic records. There is no repetition which is nice.
- That specialist may come in once a week.
- It's a cost issue – lack of dialysis is an issue for some people because they have to go to Missoula or Kalispell
- 6-7 years ago we had four dialysis machines in the valley competing. One was in Polson. Now there's none in the entire valley.
- Lack of cancer treatments. I have a friend that had to drive to Missoula which was a huge burden. There are 20-30 people travelling every day of the week. It would be better not to have those people traveling. Gas consumption alone is awful.
- I'm curious what that number is that people leave for cancer treatment.
 - That could be something that could come out of this focus group.
- You face an expensive hotel bill and food when you go out of town. Found out organizations donate rooms at the Holiday Inn. They can get some rooms for free which helps a little. Instead of paying for a room, that money could be funneled to get treatment here in Ronan.

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

- Yes.
- I have a doctor here at St. Luke's and his family moved elsewhere and they had to be there. I didn't pick another provider for some time. I saw a doctor when I was up skiing and she said I need a doctor. So I guess you could say my doctor picked me.
- It's nice they're [local providers] in the community. Convenient.
- My doctor is in Polson, my husband's doctor is in St. Luke's then my daughter-in-law chose to have a home birth.

- Dr. Bagnell (dentist). Supportive and there if needed. Very awesome.

5. What do you think about these local services:

Ambulance service

- Owned by an individual in Polson. Owns both Polson and Ronan's ambulance services.
- Ran into an incident with the ambulance. I became the ambulance one day. Needed to get this person into the hospital now. I called the hospital and told them I was coming. I didn't know anything about his history or his medicine and they met me at the door and knew everything. I was very impressed. They reacted just great. That was superb.
- For the car wreck this morning, the ambulance made it out there very quickly. I was impressed.
- They work well. The ambulance and hospital work well together.
- Experience with my 86-yearold friend, she broke her pelvis and didn't go in to the ER that day. The next day, she walked in to the ER and the doctor suggested they should stay in. But because she walked in on her own, Medicare wouldn't pay for her room overnight.

Health care services for Senior Citizens

- A lot of great resources here. Area agency in aging. A lot of good providers. Sometimes there have been some seniors who were very quiet individuals when they were interacting with the providers, providers would think the patient wasn't "all there." Then the patients would ask me, "Why do they talk to me that way?" They need to approach older patients better, improve how they approach people. There are two facilities that provide meals during the week. A lot of transportation services.

Public/County Health Department

- I think they do a great job. The public health department is dealing with a lot of financial restraints. Trying to be responsive and deal with health concerns as much as they can. Taking leadership on child program, serving as a model in the state. Very positive.

Health care services for low-income individuals

- Specific situation with a lot of tribal members under funding that has to be allocated over the year. Three-quarters through the year, people get turned down for assistance because funding is depleted. Some people can't get serious treatments or surgeries until funding is available or their situation gets worse. That's a real challenge.
- I know from personal experience with tribal health, you have to choose a primary care provider. I was glad I heard about convenient care and confused it with Now Care and I got a service provided and told afterward that I have to have approval by my primary provider to cover the fee for the service. I had to figure out how to go to primary but I went to convenient. Could I get a note saying it was okay? But they said I should've gone there in the first place.

- Her primary care provider is in Missoula. Obligated to follow through with primary care. It's very confusing. You don't plan to get sick but you have to figure it out in advance?
- There is a serious communication gap between tribal health and the hospital. You are wondering if you can do something when you're sick.
- The communication gap with IHS is always an issue. There is always confusion with what IHS covers. In my opinion that leads to financial problems. That community can really affect their lives.
- I was forced to go into the doctor for kidney stones. I knew there would be complications. I went to Missoula for surgery but there was no approval before-hand and it was a mess financially.
- Mental health counseling. See a lot of clients that need that. The clients worry about who will pay for that.

Nursing Home/Assisted Living Facility

- Should St. Luke's consider looking into building an assisted living facility?
- There are facilities in the valley, there's St. Joe's in Polson, Pines in Polson and St. Ignatius, and various assisted living identified home in the valley. Those homes take anywhere from 2-5 people. There are possibilities here.
 - I think St. Luke's should consider an assisted living facility. (3)
 - Demographics, having to assist with elderly. If you know there is trained staff, then they are more apt to put them in there.
 - Issues with funding sources, insurance or not. There are a lot of people in the rural community who value staying in their homes as long as they possibly can. Maybe incorporate services in the home like home health. Broaden more access to having assistants going into home and helping elderly with chores. I don't know what's more cost effective.
 - When my dad was sick, he was seeing doctors in Kalispell and he had to go to assisted living because he was not able to live on his own. There were no openings so he was placed in Big Fork. He had no family there so his improvement was slow and he was alone. It would be nice to have more facilities closer. Then they could see more friends and family more frequently.
- St. Luke's Nursing Home is very well staffed and very professional. The staff makes an effort to make it homey for the people there. The care is excellent.
- One of the cleanest Nursing Homes I've ever been in. It's clean and bright. Not dark and doesn't smell like a Nursing Home. My dad lives in the Nursing Home and they keep the tile floors very clean.
- I had two grandparents that lived in the nursing home so I was there a lot. They keep it clean. I'm curious about clients who experience dementia, there are times that the mixture of the clients on the floor (people who aren't "all there") and it's hard to have them mix, I've seen a lot and I'm not sure how they would segregate that. I've always wondered how they could fix that.
- A lot of active lunch programs, people sing and keep peoples' spirits up and keep them engaged.

- They work well not only with patients but with family too. The staff is good with outside family.

Pharmacy

- Fine.
- They're good.
- Great ones.
- Several pharmacies available in the area.
 - With the eye doctor, they actually referred us to a pharmacy that would be less expensive. They work together. They don't subject you to one pharmacy.
 - Pharmacist is borderline my primary care giver. He goes above and beyond his role as my pharmacist.

6. Why might people leave the community for healthcare?

- Special needs, surgeries, dialysis, cancer treatment
- Issue where they couldn't diagnose a problem.
- Specialty things like rheumatology and endocrinology. I was referred to a specialist in Missoula. Not a lot of higher-level diabetic treatment that goes on here in Ronan.
- Dialysis is very hard here in this valley. Patients have to go to Missoula. It's hard on dialysis patients. People just can't do it and they get home and just quit going and they pass away. Dialysis used to be in Polson which was great but they lost the facility. Too hard to drive all that way multiple times a week. Need a train track to take them.
- Confidentiality. I specifically know of breaches of confidentiality by nursing staff. I've taken my teenagers out of town for that reason.

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

- There are so many issues with prevention, we don't do very well. That goes to consumption of what we eat, and the low levels of physical activity. There are ongoing outcomes from that.
- Not enough advertising, lack of awareness of resources. For example, I chose a pediatrician for my son but it's in Missoula. I don't have the time or energy to seek someone who is local. Is there a lack of pediatrics? My son was really sick and the staff didn't have skill to work with a small child. I finally brought him [son] to Missoula and he had a virus in his throat.
- Facilities feel exclusive to people from Ronan. And we still don't learn about all the services we could utilize.
- There's a real problem with people self-diagnosing and self-medicating. St. Luke's has a high percentage of ER and after-hour visits. They try to respond to the situation. I know that's a real problem. Younger populations don't understand that you can wait for an appointment and it will be okay. They go into the ER instead. That is why they are supposed to get permission from IHS for visits. Because the costs of ER visits were really adding up.

Focus Group #3

Thursday, November 1, 2012 – 7:00pm-8:30pm – St. Ignatius, MT – Old Timer's Café

1. What would make this community a healthier place to live?
 - We'd like to get a fulltime doctor back to the clinic. PA's (Physician Assistants) are great but since Greenfield left, more people have to go out of town.
 - I don't know if you have input on this, but assisted living. One problem is many people are on Medicaid that needs to move in to an assisted living environment. We don't take Medicaid just Medicaid waiver. Now it takes nine months to a year to place people in assisted living. They have no funds, no insurance. They are going to a skilled nursing environment which costs the state more money.
 - Any type of preventive health care. A good project was started but didn't follow through. It was a preventing health care initiative and he got grants to buy some exercise machinery and some programs that help people with preventive medicine. We no longer have any of that. It's not a lack of need, but lack of desire. This was a self-help program, it was a good thing but there wasn't enough interest in it to follow through. Help people stay healthy.
 - It was an exercise program to help people keep their weight down. It was provided at the clinic. Some assistance was offered at the clinic.
 - Part was at the clinic, and then there was a building where he set up exercise program. You were responsible to do it on your own and fill out the numbers like weight loss and number of hours you put into it. It came out of the Midwest. It's good if you want to do the self-help.
 - The Tribe has an exercise facility. Anyone can use it but they think of it as a tribal facility. It's a \$30 per month membership and they have any machine you could want but the outreach and awareness isn't there. You have to get people aware it's there.
 - They don't have personal trainers but do instruct how to use the machines.
2. What do you think are the most important local health care issues?
 - We have a lot of old people here. A lot of aging. Half the town is retired. Getting the information out and getting them fed may be an issue.
 - Affordable health care is always a major issue. And we don't have it anywhere.
3. What do you think of the hospital in terms of:
Quality of Care
 - My experience has been very good. They checked my heart and I had MRI's done at St. Luke's. My mother has been to the ER there [St. Luke's] several times and she's had nothing but good service.
 - I had a stroke about a year ago. The ambulance took me to St. Luke's and I thought they did an excellent job.
 - We send residents to St. Luke's for falls and they all work very well. Their discharge plans always work well with us.
 - I've never had to be in the hospital.

- My wife goes there a lot. Because we don't have a full time doctor here in St. Ignatius then you're going to have to go to Ronan.

Number of services

- Do you know how many services there are?
- We'd have to compare notes to see how many are offered.
- All I can do is go on perception. I think that the Ronan hospital works hard. I think the people there work hard. For a small town it's a healthy healthcare atmosphere. Everywhere you go, small town hospitals are never good enough. If you get to this highway, you take me left (to Missoula), not right (to Ronan). There's no real reason for that except perception. It's a business that is very close to people's emotions. They have stronger feelings for hospitals than other small business. It's not fair for small-town healthcare. But perception gets better all the time. That why they call it practicing medicine. You hear derogatory remarks about Ronan's hospital but I hear worse things about Polson's hospital. Comments are not always fair. It's farfetched to have two hospitals that are growing that much and that close together.
- I've heard bad comments too. I've never heard anyone explain why they don't like Ronan's hospital.
 - I hear bad comments about Polson too. You can get those things to happen.
 - That's in every business. Some don't like it, some love it and some won't tell their opinion. I'm retired military and have been to many hospitals and the same complaints are there. Ronan gets a good reputation compared to other hospitals. There have been quite a few complaints that are on the floor. Quite a few amputations.
- Is physical therapy part of the hospital?
 - I never hear anything bad about physical therapy at all.
 - That's true. Bruce is very good.

Hospital staff

- Do you include extended care as part of hospital staff?
- Emergency Room staff and nurses are always very professional.
 - True, in visiting with people up there the staff is always very professional. Seems to be based on what I see in Missoula. They do a good job professionally.

Hospital Board and leadership

- Yeah I know who's on the Board. I know two local people. They're good people. They're longtime local people.
- Should we know who they are? I don't think I care.
- I know the community members but didn't know they were Board members.
- The Board gives out good PR (public relations). They have a nice little newspaper they send out. Have good community appearance.
- They participate.
- Board members enjoy being part of the community. Workforce is receptive to our little town here.

Business office

- The business office staff was good to work with. No problems.
- I can tell you from a gal that works for me whose husband worked in the business office of St. Luke's for a period of time. When he passed away and she was left with huge bills, they helped her make it affordable for her to pay. Relieved her of huge bills.
- Retired military takes advantage of tri-care. Most of the time you have to find a doctor to accept that insurance. I've never had any conflicts with finding that.
- My kids used to go to all these doctors around here.

Condition of facility and equipment

- That's another thing that bothers me. Second to none. Too expensive. They have the newest, fanciest, nicest stuff.
- St. Luke's just expanded the whole hospital.
 - You should tour it.
- I still have to bring a truck in for an MRI.
- I'm glad they do have that equipment. When you need it, you need it bad. It costs a ton anyway but it's better than traveling.
- We had a friend who was very sick who suffered a massive stroke and ended up at the hospital. They did a CAT scan, sent the results electronically to a doctor in Missoula and they determined within one hour that there was no reason to take him to Missoula. There's a perception that you're better off down in Missoula but that's not always the case. We can only make him comfortable and Ronan was able to do that. I don't have personal horrible things about the hospital to say. It just happens sometimes.
- They did a CAT scan on me. Mine was a bleeding stroke. They didn't have doctors in Ronan to keep me going so I went to Missoula. I was attentive the whole way. It worked out good.
- Doctors don't seem to have a problem admitting they can't do it here and get people out if they need to. Willing to say "we don't know what's causing this but people in Missoula might know."

Financial health of the hospital

- I have no knowledge of that. Perception is that they're probably fine. They work hard with the Foundation. People may not understand why they need a Foundation. Perception is why do they need more funding if they charge so much for services? They charge \$28 for basic aspirin.
- How did they pay for that whole expansion? Obviously had a way... backing and leverage to do what they did. I don't see any sign they are cutting corners.

Cost

- I have nothing specific to say except healthcare is unbelievably expensive. And there is no reason for it to be the way it is. It's crazy.
- I have a simple solution. Not easy, but simple. Get insurance companies out and get government out. Get it affordable so everyone can pay for what they use. I grew up in an age where the doctor would visit your house when you needed it. You could pay \$5 and some eggs for healthcare. Now, insurance companies run it all. We can't go back

to that but we could take steps toward that and have insurance only cover catastrophic issues. We paid for medications ourselves. I was covering my family of four for \$50 per month. I'd like to see movement back in that direction.

- Kids can't even afford medical insurance.
- The answer is not government.
- Like car insurance. I won't even make claims on my car anymore.
- Are costs of procedures the same anywhere? Missoula or Ronan?
 - I can speak to that. Military-wise doctors can only get paid so much.
- I don't know if prices of services in Missoula versus Ronan are comparable.
- Redundancy of procedures. All doctors do the same thing and they all bill me. It's like a revolving door. I didn't invite them in. I wasn't in St. Luke's long enough to notice if that sort of thing happens there.
- When someone in the Nursing Home has to go to ER, the ER doctors work real well with the family doctor. They do seem to communicate real well within their group.

Office/clinic staff

- I don't go to the clinic.
- St. Ignatius clinic is connected to St. Luke's clinic
- Clinic staff are good, awesome.
- Good to have someone right here [in St. Ignatius].
- The doctor I go to here in St. Ignatius is independent and works with the Ronan hospital and if I needed to be in the hospital in a hurry, that's where I'd end up.
- They have PA's (Physician Assistants).
- It's recent not to have doctors here. They have two PA's here.

Availability

- Yeah.
- I think for me here, it makes sense to go to Missoula to "see a good doctor" but I think you're going to get in here [Ronan] sooner than Missoula. It depends on how soon I need to see a doctor.

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

- Missoula is an hour away.
- I don't have any great needs to worry about. He's just the doctor to use as a guide to a more specific type of doctor if I need it.
- In my opinion, you can get in at St. Luke's compared to a 1-2 week wait in Missoula.
- I use local providers for the same reason I buy food at the local grocery store or hardware store. Support local. Plus my doctor hasn't killed me yet.

5. What do you think about these local services:

Emergency Room

- ER gets a bad rap, but I have nothing but good things to say.
- When was the last time we used the ER? Way too many years ago...
- Some feel strongly to go to Missoula instead. But I wouldn't hesitate a bit to go to Ronan. I realize that if you get there and they can't help, they get lifeline to come get

you and take you somewhere else that can help you. There is a perception that some would rather die than go to Ronan.

- I know people that work there. I would go there if I had to go.

Ambulance service

- I think my personal experience is that the ambulance service is excellent. They were right there. I'm a big guy and they got me out of there.
- I could never say anything poor about the ambulance service. Its volunteer basically. They do well in St. Ignatius.
- They are wonderful.
- I had a scanner and I heard the calls. They are wonderful, just wonderful.
- Where I work I also have students and if they have an injury that requires an ambulance, they respond very quickly.

Health care services for Senior Citizens

- I worked at the Senior Center quite often; you get flu shots there sometimes. The Agency on Aging will explain food issues and scams; they put on a lot of presentations a month. Those presentations only reach the small group that goes there though. Disperse some of that information about health, financial, and government. There are a lot of people out there that aren't reached.
- We do meals twice a week on Tuesday and Friday to nineteen households, some of whom are couples. We drive forty miles. Some are hot meals, some are frozen. We are reaching a fairly small amount of the population. Meals are funded by donation. Anyone who calls for it, you do have to qualify for some income guidelines. Again, meals are only provided two times a week.
- Don't know of transportation except for the ambulance to the hospital.
- Senior Center in St. Ignatius provides transport for patients to doctor appointments. Even to Missoula, Kalispell, or Ronan. It's a donation service. That is usually used 2-3 times a week. That service is available through Lake County Council on Aging.
- They even run a van to Helena for veterans. It's surprising that St. Luke's doesn't have something similar.

Public/County Health Department

- It's the government. It couldn't be good.

Health care services for low-income individuals

- I think, of course on an Indian reservation, tribal members all have some form or level of healthcare. I think it's probably adequate, enough is provided.
- I haven't known of anyone who couldn't get a service if they really need it. They may need Medicaid.
- I despise that people have to go on Medicaid. They no longer get to work nor are productive citizens for society. It's good that we make sure as a country that people have healthcare but some of the requirements that go with it are not good for the people, not good. Does nothing to make you a better person. May make your health better but I know people who can no longer work because they're sick, they have cancer. Can't provide for your sickness. Very black and white. That's not right.

Nursing Home/Assisted Living Facility

- I'd like to praise what they've done. Staff at the Nursing Home knows me by my first name. I think they're outstanding. I have had good luck with staff and services at the Nursing Home.
- The Agency on Aging does see the things they get. St. Luke's extended care gets top notch inspection grades.
- I know people in the Pines (extended care in St. Ignatius) that have ended up living there. Nothing but praise. Well taken care of.
 - I think the people who just took it over do well. They do a great job.
 - Looking into it myself, it's ridiculously expensive. I'd have to sell the house and car. It goes to the kids to pay for it. It's pretty ugly.
 - Very expensive. But all are very expensive. I would guess very high percentage of residents there are on Medicare.
 - It's unfortunate that seniors lose everything before it's over.
 - Lose the will to live once you lose your home and people don't visit them. People call you "son" that don't even know you.
 - Takes special people to work there.
- Should St. Luke's consider building an Assisted Living facility?
 - Needs to happen.
 - We don't have enough assisted living services.
 - There's a big difference between Assisted Living and a Nursing Home. That comes up in discussion at the Senior Center. Another assisted living facility would be good. Otherwise seniors have to go out of St. Ignatius.
 - They need assisted living where you can own your own car and can drive. It is becoming more important to have different levels of care. You get two meals a day and a place to live but no nursing and no doctor. Or some meals and some care. Different levels. This valley is ready for this type of facility. Some people say to turn Nine Pipes Inn into an assisted living place. I have a daughter-in-law that is an activity director. They can go on a bus across town. They can go to dinner. Rates are less than that Nursing Home.
 - Rates depend on the level of assistance and care. Great Falls even has some wings with either higher or lower levels of care. Assisted Living isn't necessarily cheap. There are lots of examples to look at. We need it.

Pharmacy

- There is a pharmacy in St. Ignatius that is not a part of St. Luke's.
- Good pharmacy in St. Ignatius
- Conscientious people. As far as I know I think medications are priced fine. It's not like, "oh my gosh we have to go to Wal-Mart or somewhere else." I think they do a good job.
- They really know the people. They know all their customers.
- The pharmacy is the liquor store too.
- They do a good job.
- R&R healthcare. Sometimes some is covered and some is not. They work with St. Luke's but only if you can't get it here in St. Ignatius.

- They call in prescriptions and stuff.
6. Why might people leave the community for healthcare?
- Specialists, there's just not enough specialists up there.
 - A ways a way from reality. Even from Ronan. Quite a ways for an ambulance to travel.
 - If I had a major health issue, I'd go to Missoula. That's probably not a fair perception or fair answer. If the time came, and something bad happened and it was a good experience I'd probably be sold to use it but I've never been. The perception of the doctors is all it is. That's just being bluntly honest.
 - Missoula is better than Ronan. Seattle is better than Missoula. Bigger is better.
 - I moved here from Indiana, they had the same idea there. Better to go to Indianapolis to get better care.
 - Seeing the cost of Missoula, I wouldn't want to move there.
 - Why do I want to go up there and spend \$5,000-\$10,000 in 24 hours or you go to Missoula and all doctors charge you for the same service.
 - In my opinion, if they don't help me, they shouldn't be able to bill me.
7. What other healthcare services are needed in the community?
- Transportation. A van that goes back and forth. It would be great not to spend money in gas. Just to have a free ride.
 - That service is available. Just call Lake County Council of Aging and they will take you. It's not provided by St. Luke's but it will take you there.
 - Lake County Council of Aging will transport anybody. They market to the older people because they tend to use it the most. The service is there. The tribe also has that service.
 - If they want to sell things, they should sell preventive healthcare. That's what we should be doing. If we want to do something let's do preventive. Offer it as a choice, not something we don't have to do.
 - Offer education too. Preventive education.
 - What amazes me is the change in society. The attitude towards smoking. You come from people smoking everywhere and in your face and now you can barely even smoke in public. The societal opinion has shifted. If we can do that with other aspects in other ways we live, that would be great. It all comes back to education. I think we need to do that. We tell people cheeseburgers are bad and they still eat them. We've changed peoples' attitude for smoking through education. We can maybe do that for other topics.
 - St. Luke's would be good PR to go to Senior Center and offer education and prevention.
 - They need to be doing preventive presentations for how to be healthy.
 - Presentations should be done at the schools too
 - It is helping at schools. Michelle Obama's program limits protein and schools act like it's stepping on their tail. You need that education experience.
 - You can't mandate good health. I don't want someone else telling me how to live or what I can drink.

Focus Group #4

Friday, November 2, 2012 – 12:00pm-1:00pm – Polson, MT – Polson Senior Citizens Center

1. What would make this community a healthier place to live?
 - I don't know.
 - Give us an idea of what you mean.
 - We have walking trails and good police and fire services. It's pretty safe here in Polson. There's no shortage of cops around here.
 - Activities for youth would be huge here. There's nothing for youth to do in the winter.
2. What do you think are the most important local health care issues?
 - We don't really have too many problems.
 - I think if anything, its alcohol and drugs for the kids.
 - And the tribal, I'm sorry but on the reservation there's definitely drug and alcohol abuse.
 - It's like we have two different governments, but we choose to live here, that's that.
 - Right now there's a lot of vandalism. Shooting windows out with BB's. They haven't been able to find out who it is. It scares me to think it could happen, vandalism is bad.

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

Quality of Care

- Hearsay.
- I think it's very good.
- People will go to the hospital in Ronan.
- People say "don't put me in Polson," they would rather go to Ronan.
- People prefer the ER at St. Luke's over St. Joseph's.

Number of services

- They don't have orthopedic person I don't think. I went to Kalispell.
- I don't know.

Hospital staff

- They are good. That's based on feedback I've heard from people who use it.
- Very positive.
- Never heard anything negative about St. Luke's.
 - Maybe a bill or something.

Business office

- When I call I get very polite people on the phone. That's very important not to have someone snarl at you.
- Customer service is huge.

Cost

- Cost is high. That is normal I guess but its horrifying. Especially if you don't have insurance.
- It sure is expensive. I know it's shocking.

- I guess I don't even think twice about leaving for some services, I just go out of town for neurology, specific stuff like that.

Office/clinic staff

- I've been up to St. Luke's. It's been good.
- The clinic here in town is connected to St. Luke's and they're very good.
- Dr. Gochis is just wonderful. In other communities you get in and they don't even help. It's the best clinic I have ever gone to. We've always gotten in for appointments.
- They should all be getting raises.

Availability

- Recently I had a bad ear infection. They got me in that very day and that doesn't happen much. It was very good.

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

- Yes. Internal, I use local.
- Convenience.
- I couldn't get better service anywhere else than what I get here in Polson.
- I've seen different providers at the clinic and they're all good. Amy used to be there. She is now in a women's clinic. I saw Dr. Williams. All good. I never felt like just a number on a chart.

5. What do you think about these local services:

Emergency Room

- I don't see why I wouldn't use it.

Health care services for Senior Citizens

- For Polson, we're right here in that. We have meals on wheels that feeds forty people a day and on weekends. Offer transportation through the Senior Center. We have a bus and a van.
- Even when it's slow in the Senior Center, we still feed forty through meals on wheels. That need is being met.
- If Dave is supposed to be done here at 4pm, he will even wait to pick people up from appointments after his hours.
 - I've never heard anything negative about the service.
- They get good care. They also kind of get a wellness check because people delivering meals can say, "so-and- so didn't look so good" and then they can get checked out.
- The Senior Center meets the needs. If there's a problem, they let the proper people know.

Public/County Health Department

- They come to the Polson Senior Center
- The people that come to do the shots are wonderful even if there's no way I'll get a flu shot.
- I've gotten a couple shots and the pharmacist is very good at it.

Health care services for low-income individuals

- They get good service at the Senior Center.
- I don't know.
- I'm not sure.
- I mean if they need mental health services, they go to a psychiatrist. As far as I know I haven't heard anything negative. Have you heard anything negative?
- For families, if it gets back to preexisting conditions then no you really can't get the right care. I have a daughter who is a young adult and you can't just get care if you're low income.
- If you're pregnant you can get care.
- We had our young grandson here for two years and he was able to get Medicaid. With the younger ones they get Medicaid. Like Montana Healthy Kids.
- CHIP was very, very helpful with my daughter for children. But once she was past 19-years old, it's different. Once you're uninsurable from a child's standpoint, you can't get insurance.

Nursing Home/Assisted Living Facility

- I've been to the Nursing Home attached to St. Luke's to visit and it's very good compared to the one in Polson. I'm impressed. I've visited both Polson's Nursing Home and St. Luke's Nursing Home.
- Assisted Living is affordable. Not for me.
- I could take a cruise rather than be able to pay for assisted living.
- There are a couple pretty elite ones. Some are houses that they put rooms into.

Pharmacy

- Very good.

6. Why might people leave the community for healthcare?

- Well, I go out of town for healthcare when I want to see a specialist. Other than that I do everything locally. Otherwise I go to Kalispell. I would consider Ronan as being local.
- I feel like going out of my community. I would go to Ronan.
- People leave Polson for Ronan for better healthcare: trust, quality.

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

- Affordable assisted living.
- More visiting specialists. But I think they kind of do that, maybe not as often as they could though.
 - I go to visiting specialists for my eyes and that is really nice when they can come to town. I don't know of any other types of specialists that do that. Boy, they get business when they're in town.
- Healthcare coverage for young adults. Help for the uninsurable when they have preexisting conditions. That is huge. I could go on and on about it.

Additional comments:

- Everything I've ever heard about St. Luke's is very positive. We're lucky to have them so close. We have places associated with St. Luke's hospital.
- Amy Davis at Women's Clinic is associated with St. Luke's. She's very good.
- Not clear which services in Polson are affiliated with St. Luke's. Need more awareness. I guess you can figure it out if you need to.

Appendix H – Secondary Data

County Profile

Lake County

Secondary Data Analysis
September 26, 2012



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

**Unintentional Injuries: External cause of injury often by, but not limited to, drowning, fall, fire/burn, motor vehicle/traffic-related, other transportation-related, poisoning, and suffocation.

Chronic Disease Burden ¹	County	Montana	Nation ^{3,4}
Stroke prevalence	2.6%	2.5%	2.6%
Diabetes prevalence	6.7%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	4.5%	4.1%	6.0%
All Sites Cancer	466.5 (Region 5)	455.5	543.2

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

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

³American Diabetes Association (2012)

⁴Region 5 (Northwest): Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, and Ravalli

Chronic Disease Hospitalization Rates	County	Montana
Stroke Per 100,000 population ¹	164.0	182.2
Diabetes Per 100,000 population ¹	152.7	115.4
Myocardial Infarction (Heart Attack) Per 100,000 population ¹	161.2	147.3

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

Demographic Measure (%)	County	Montana	Nation ^{5,6}
Population ¹	28,690	989,415	308,745,538
Population Density ¹	19.2	6.7	Not relevant
Age ¹	<5 7%	18-64 59%	65+ 16%
Gender ¹	Male 49.0%	Female 51.0%	Male 49.2%
Race/Ethnic Distribution	White ¹ 74.2%	91.5%	72.4%
	American Indian or Alaska Native ¹ 24.5%	6.8%	0.9%
	Other † ¹ 1.3%	1.7%	26.7%

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

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

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

⁵US Census Bureau (2010)

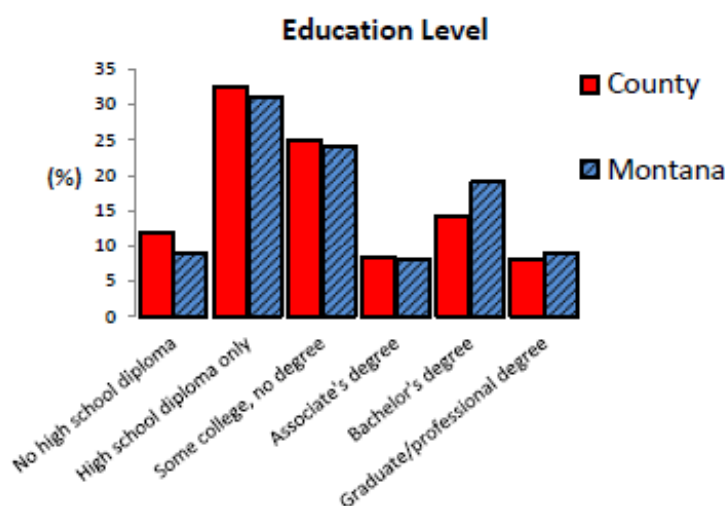
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8,9}
Median Income ¹	\$34,732	\$43,000	\$51,914
Unemployment Rate ⁷	8.9%	6.3%	7.7%
Persons Below Poverty Level ¹	18.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	21.4%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

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

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

⁸Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	County	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	59.7%	64.3%
Tobacco Use ¹	24.3%	19.3%
Alcohol Use (binge + heavy drinking) ¹	20.8%	22.8%
Obesity ¹	23.3%	21.6%
Overweight ¹	38.1%	37.8%
No Leisure time for physical activity ¹	20.9%	20.7%

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

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

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

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

Screening ¹	County	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	77.2%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹	67.3%	71.9%
Blood Stool ¹	19.3%	25.3%
Sigmoidoscopy or Colonoscopy ¹	53.1%	54.3%
Diabetic Screening ⁵ Percent of Medicare enrollees who received HbA1c screening	80.0%	79.0%

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

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

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
Suicide Rate per 100,000 population ¹	23.4	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	100.0	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	17.3%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	27.7	19.0	17.5
Diabetes Mellitus ²	19.1	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	5.9	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	76.7%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	14.6	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	8.9%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	4.0	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	2.1 (Region 5)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	12.9%	10.1%	12.5%

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

⁹Montana KIDS COUNT (2009)

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

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

Economic Impact Assessment

Demographic Trends and Economic Impacts: A Report for St. Luke Community Healthcare

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Introduction

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

Section I Location Quotients

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

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

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

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

Hospitals Location Quotient (compared to State of MT) = .54

Hospitals Location Quotient (compared to U.S.) = .45

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Lake County, both the state and national location quotients are close to 0.5, indicating that hospital employment is about half as large as expected given the overall size of Lake County. In 2010, St. Luke Community Hospital accounted for 4.4% of county nonfarm employment and 6.6% of the county's total wages.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Lake County's employment patterns mirrored the state or the nation. St. Luke Community Hospital employed an average of 354 people in 2010. This is 294 less than expected given the state's employment pattern and less than expected given the national employment pattern. The presence of St. Joseph Medical Center in the county is likely a contributing factor in these calculations.

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

Section II Age Demographics

The 2010 Census reported that there were 28,746 residents of Lake County. The breakdown of these residents by age is presented in Figure 1. Lake County's age profile is similar to that of many of Montana's rural counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the "baby bust," which is evidenced by the lack of 25 to 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Lake County Residents

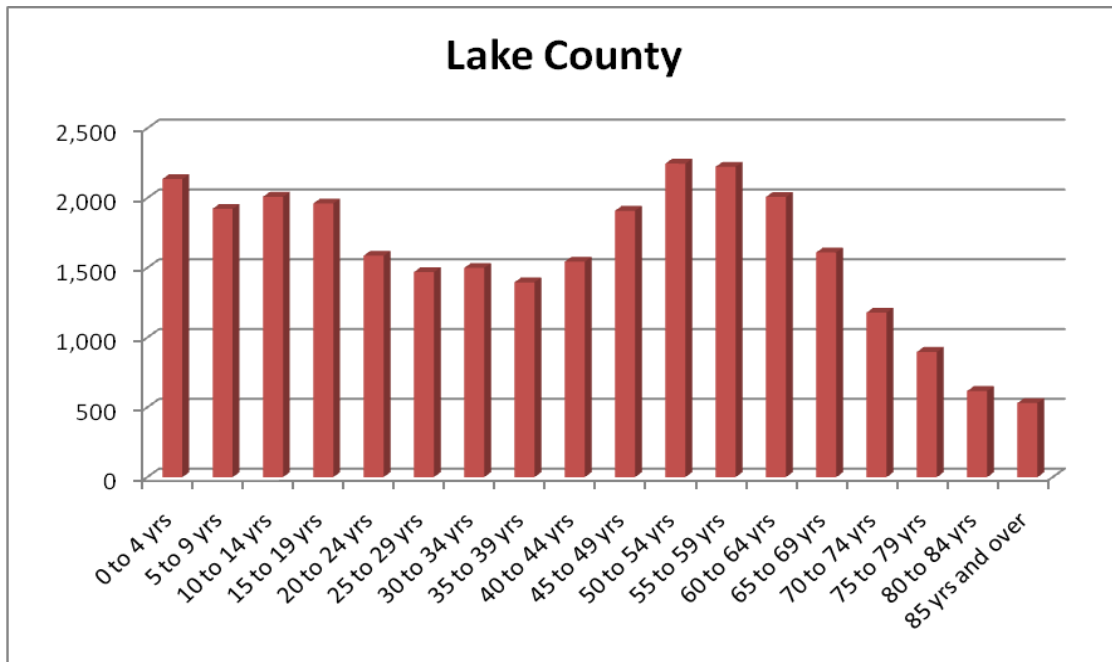


Figure 2: Percent of the population by age groups, Lake County vs. Montana

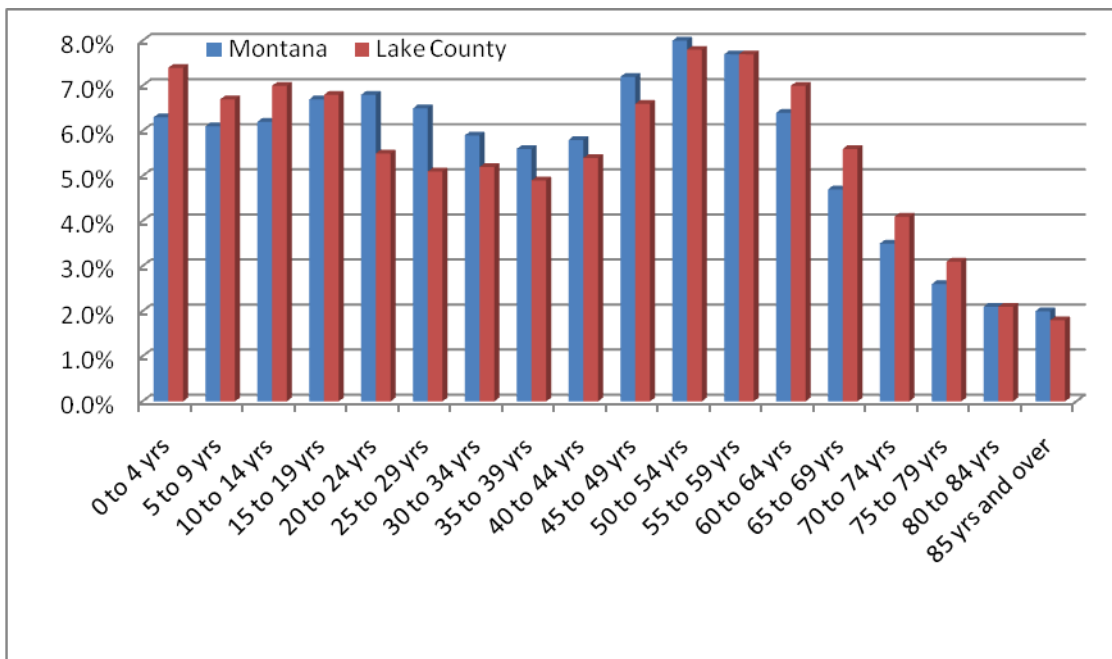


Figure 2 shows how Lake County's population distribution compares to Montana's. A careful examination of Figure 2 and the underlying data reveals that compared with the State as a whole, Lake County has a higher percentage of people under 15 years old (21.1 percent vs. 18.6 percent)

and a higher percentage of people aged 60 to 79 (21.9 percent vs. 17.2 percent). According to the 2010 Census, Lake County had a median age of 41.3, compared to the state median age of 39.8. These demographics are important when planning for healthcare delivery now and in the future.

Section III Economic Impacts

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

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

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

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

Hospital Employment Multiplier = 1.38

Hospital Compensation Multiplier = 1.25

Hospital Output Multiplier = 1.43

What do these numbers mean? The employment multiplier of 1.38 can be interpreted to mean that for every job at St. Luke Community Hospital, another .38 jobs are supported in Lake County. Another way to look at this is that if St. Luke Community Hospital suddenly went away, about 135 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 354). The employee compensation multiplier of 1.25 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 25 cents of wages and benefits are created in other local jobs in Lake County. Put another way, if St. Luke Community Hospital suddenly went away, about \$4,093,905 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by St. Luke Community Hospital, output in the county increases by another 43 cents.

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

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

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